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ABSTRACT

As part of an evaluation of the existing Federal Interagency Day Care Requirements (FIDCR), this paper reviews the current regulations and presents recommendations for modifications in the requirements as they relate to group or family day care services for school age children from 5 to 14 years of age. The paper is divided into five major sections. Section I reviews the scope of the paper. Section II presents a discussion of the appropriateness of FIDCR for programs for school age children. Section III describes the characteristics, developmental needs, and problems of children from 5 to 14. Section IV presents recommendations for services and standards for programs serving these children. Included in this section are recommendations for facilities; staffing; educational, health, social, and nutritional services; parent involvement; and the legal liability of day care providers. Section V presents recommendations for the types of technical assistance which the federal government could provide to state and local agencies. A list of references and eleven appendices are also included in the paper. The appendices include lists of contributors; the forms, letters, and questionnaires used in the evaluation; a description of the ERIC computer search program used to identify references; and four invited position papers on television viewing, obesity, nutritional programs, and health problems of school-age children. (ED)

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The Evaluation of Existing Federal Interagency Day Care Requirements - "Day Care for the School-Age Child" -

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I. INTRODUCTION

A. Overview

This is the final report of "The Evaluation of Existing Federal Interagency Day Care Requirements - Day Care for the School-Age Child" to the DHEW policy committee studying the appropriateness of the 1968 Federal Interagency Day Care Requirements (FIDCR).

This paper is concerned with the existing federal regulations and proposes modifications as they relate to after-school programs for the school-age child, five to fourteen years of age, in group or family day care settings. The purpose of this paper is to address topics including:

--The Appropriateness of the Current Federal Interagency Day Care Requirements for Programs for School-Age Children.

--The Population of School-Age Children - Their Needs and the Potential Problems Which They Face.

--Recommended Modification of the Federal Interagency Day Care Requirements for Programs for School-Age Children.

--Recommended Types of Technical Assistance Which the Federal Government Could Provide to State and Local Agencies.

The report represents the efforts of a diverse group of individuals from the disciplines of health, education, and social services, and reflects the contributions of members of community organizations and consumer groups. The roles and contributions of the resource people have varied. Most were involved on an individual basis and shared their insights regarding the current Federal Interagency Day Care Requirements and their suggestions for modifications. Several organizations and individuals were commissioned to write research or position papers which related to some of the needs and interests of school-age children, and specific components and various aspects of after-school programs for school-age children. These papers were modified and edited after they were reviewed by a panel of project consultants. The contributions and the papers which were written include:

A. "Obesity and School-Age Children"
Ruth Palombo, R.D., M.S.
Assistant Director for Patient Services
Frances Stern Nutrition Clinic
New England Medical Center
Boston, Massachusetts

B. "Television Watching Habits of Six- to Fourtee
Year-Olds: Implications and Potential Risks"
Action for Children's Television
Newtonville, Massachusetts

C. "The Parent Involvement Component of the Federal Interagency Day Care Requirements: Guidelines and Modifications"
Mickey Seltzer - Coordinator
Brookline 4-C's
Human Relations - Youth Resources Commission
Brookline, Massachusetts

D. "Legal Considerations for Day Care Administrators: Liability Insurance and Informed Consent Forms"
William Aikman, Esq. - Director
Massachusetts Center for Public Interest Law
Boston, Massachusetts

See Appendix A for a complete list of project consultants and resource people. In an effort to augment our own knowledge base, leading experts were consulted in disciplines such as nutrition, medicine, parental involvement and law. Additionally, attempts were made to involve members of many professional organizations such as National Association of the Education of Young Children, Massachusetts Children's Lobby, Day Care and Child Development Council of America and other groups as identified in Appendix B. In order to do this, representatives of national educational, social services, health, and recreational organizations were sent a form letter which focused on the issues being addressed in this paper. Information was solicited regarding:

--the school-age child's need for day care;

--the potential problems for school-age children;

--the standards to be met by programs for school-age children;

--the services which should be provided by after-school programs; and

--the names and addresses of some after-school programs currently in existence.

See Appendix B for a list of the organizations which were contacted and Appendix C for a copy of the form letter which was sent to each organization.

Directors, teachers, or parent board members of after-school programs were asked to complete a questionnaire pertaining to program operations and the range of services provided. This questionnaire was also used as a basis for discussion with other educators, community representatives, and consumers. In collecting data regarding after-school programs several observations of specific after-school programs were done and other visits were scheduled to discuss specific issues with staff, parents and others. See Appendix D for a copy of the cover letter and Appendix E for a copy of the questionnaire which was sent to after-school program representatives and used as a basis of discussion on site.

A literature review was conducted on: school-age children, covering such areas as a general description of the population, developmental needs, and some of the major risks which school-age children experience. Also the literature on

after-school programs and school-age children, research papers, project descriptions, and after-school programming and curriculum guides were assessed. The information gathered from this review is integrated throughout the paper.

After a search of the Dissertation Abstracts for the years 1968 to 1976 inclusive, the advisability of paying for an ERIC computer search became evident. The assistance of Ms. Ann Johnson, Reference Librarian, Gutman Library, Harvard University, Cambridge, Mass., was enlisted. A search of educational documents and journal articles published from 1966 to 1976 inclusive was performed. See Appendix F for a list of the descriptors used and a copy of the computer printout. These references were reviewed and information obtained is integrated throughout the report.

After visiting and observing at several after-school programs, approximately ten programs, the decision was made not to include observational records of each of these visits as a separate section of the project. Instead of presenting observational data as part of a section originally entitled "The Existing Programs -- Realities," the information obtained through on-site visits has been integrated in the report.

B. Limitations of the Study

Due to the time frame, cost limits, and general difficulty in securing detailed materials on after-school programs, it has been difficult to explore all issues relating to school-age children.

The process of involving a group of consultants in writing individual papers has its strengths and weaknesses. The input and expertise that the consultants were able to give to the project were invaluable and allowed for the development of a comprehensive paper. The paper thus incorporates input from individuals who represent a number of disciplines. On the other hand, some contributions were not easily integrated into the report; in cutting and editing the papers every effort had to be made not to distort the information.

Some topics and areas are discussed in greater detail than others. For example, the information reported in Chapter II -- The Appropriateness of the Current Federal Interagency Day Care Requirements for Programs for School-Age Children -- represents an effort to synthesize attitudinal information from the letters, personal visits, and various discussions conducted. From all of these informal contacts the authors concluded that while program operators have problems with some of the specific FIDCR regulations, they all agree that some federal, state and local requirements for school-age day care programs are both necessary and desirable. In evaluating the information presented in Chapter II the authors concluded that some standards are necessary and desirable. However, the information reported in Chapter II identifies various problem areas associated with the FIDCR which affect the meaningful application of standards for day care programs at the present time.

We wish to thank all of the various people who read an earlier draft of this paper or who provided us with specific information. Special recognition and appreciation are extended to Micky Seltzer who read the final copy and helped to further clarify the issues discussed. Dr. Jane Gold assisted us in the refinement of the paper and we are most grateful to her for this. With the editorial work of Diane Baden the document became more easily readable.

C. Definition of Terms

Center-Based After-School Care - A place other than an occupied residence which receives children ages five to fourteen for care before and after school. Children could receive care from two to eight hours a day.[1]

Family-Based After-School Care - A home in which the person regularly provides care before and after school for children five to fourteen years of age. There are children from more than one family. These children are in addition to the caregivers' own children. Children could receive care from two to eight hours a day.

[1]Adapted from definitions included in Department of Health, Education and Welfare, Federal Day Care Requirements, June 19, 1972, Draft, p. 3.

II. THE APPROPRIATENESS OF THE CURRENT FEDERAL INTERAGENCY DAY CARE REQUIREMENTS FOR SCHOOL-AGE CHILDREN

Examination of the current Federal Interagency Day Care Requirements and communication via letters and personal discussions with community representatives, social workers, program administrators, educators, consumers, and members of the medical and health professions yielded reactions which could be categorized into the broad areas discussed below.

Generally it was agreed that the FIDCR represented an honest and most helpful attempt to provide standards for children in day care programs and after-school programs. In some states the FIDCR were perceived as a model to assist states develop their state licensing codes. In other states the FIDCR are treated as minimum licensing regulations, the minimum requirements at which the day care program could operate. It is evident that people support and/or believe that the FIDCR are the minimum standards for operating a program and other groups believe that the FIDCR ensure maximum quality standards for children and their families. There was a strong sense of agreement that in writing the FIDCR a diversity of groups had to be respected and every effort was made to service children and their families and to ensure quality standards for them.

The information presented in this section is an attempt to report and analyze the data collected. This section will highlight the major themes which were identified by the authors in discussions and personal correspondences conducted for this paper. The information is attitudinal and the expressed

opinions of a small segment of the day care population. It is unrepresentative of the total group of day-care population, the opinions represented here are from individuals who work and are involved in after-school programs such as parents, recreation staff, teachers, principals of schools, directors of child care centers, directors of after-school programs and others. Reactions to the FIDCR include:

A. The current requirements are difficult standards for after-school programs receiving federal funds.

B. The current requirements reflect a lack of definition of purpose and are unenforceable given their overall organizational format and design.

C. The current requirements present some problems and can be unenforceable due to their vague wording and the lack of definition of terms.

D. The current requirements are difficult to enforce in that they presume that the administering agency which is the primary funding source will also provide supervision to the operating agency. The requirements do not identify clearly the ultimate source of authority and responsibility for fiscal matters, daily operations, and do not address issues relating to accountability.

E. The current requirements do not address adequately family day care service for school-age children.

A. The Current FIDCR Standards are Difficult to Interpret

When questioned about the appropriateness of the Federal Interagency Day Care Requirements, approximately thirty-five individuals indicated their belief that the current standards for after-school programs are difficult to understand and interpret for the school-age child. Since the present standards are difficult to interpret these standards can hinder the operations of existing programs and prevent the expansion of after-school services. The standards are viewed as unrealistic in terms of: the cost of services, the consultants and community resources which are available; the role of and extent to which parents should be involved in making program decisions, and the scope of the services to be provided for school-age children.

Many individuals stated that it is impossible to meet the FIDCR given the reimbursement rates which have been established by the rate setting commission in many areas. For example, critics of the current staff-child ratios, such as directors of proprietary day care programs, claim that costs of services are prohibitively high when programs comply with the FIDCR. According to many day care operators, especially those in rural areas, staffing costs are excessive since volunteers are not available to assist in the centers.

The cost of providing after-school services varies from program to program and is largely a function of the staff-child ratios maintained; comprehensive services provided (health, nutrition, and socil services); transportation services for after-school programs has been reported to vary from

$.80 to $2.00 per child per hour. This information was gathered from personal conversations and written responses to the questionnaire which is included as Appendix E.

A sizeable percentage of after-school programs reported that parents are charged according to a sliding fee scale. Most programs reported that Title XX reimbursements do not sufficiently meet the program costs per child. In addition to Title XX funds, some of the funding sources available for after-school programs include the state as a funding source (as in California), parent fees, private, church and community donations, fund-raising projects, membership fees, and in-kind contributions.[1] Both administrators and teachers of programs for school-age children stressed the need for in-service training since there are no programs specifically preparing people to teach in after-school programs. Also, most administrators of programs for school-age children are committed to hiring individuals with diverse backgrounds, experiences and skills. Individuals involved with both profit and non-profit programs claimed, however, that programs do not have the resources or funds available for in-service training programs. It was recommended that in-service training be provided for by the administering agency. Further, the current FIDCR staff training component was declared unrealistic since opportunities for "career progression" within most centers are said to be limited.

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[1] Ibid., pp. 4-5.

Many individuals, especially those living in rural areas and those affiliated with proprietary programs, reported that their communities lack consultants and community resources necessary to comply with the regulations. This criticism was focused especially at the health and nutrition requirements. It was frequently stated that qualified physicians are unavailable to supervise the health and nutrition components of programs for school-age children. Individuals affiliated with such programs also stated that there is no need to provide health and dental care for most school-age children. In most cases this group believed many of the families will assume the responsibilities for seeing that their child's health and dental needs are met. Additionally in many schools children's health needs are often screened by the health program at the school in which they are enrolled.

There has been much discussion of the extent to which parents should be involved in making decisions regarding after-school programs. Many people, including those administering private non-profit programs, believed that the parent involvement requirements of the existing FIDCR are unrealistic as parents frequently do not have this desire, time and the expertise necessary to make decisions regarding program policy and operations. Decisions cannot always be made by committees and all parents cannot be expected to participate. Many individuals currently affiliated with programs with different involvement components stated that parent representation rather than individual participation as a requirement is desirable. Many of

these people stressed the need to maintain communication with each child's parents regarding the child's daily experience, rather than the necessity of involving parents in ongoing program operations and policy decisions. However, it is important to understand the need for parent involvement in program areas affecting the child's social and emotional development, especially regarding issues such as drug abuse and sexuality. The rights and role of the family must be considered; strengthening the relationship of the family and the center will benefit the child and the program.

The social services and educational services components of the FIDCR were also described as unrealistic and inappropriate by many social service representatives and state licensing staff members. Many individuals agreed that part of their responsibility as administrators, teachers, and providers is to act as advocates for children and their families. Within this advocacy framework, it was seen as appropriate that administrators, teachers, and providers communicate effectively with parents regarding their children. In order to further support families, mechanisms should be designed for cooperating with other organizations and referring families to agencies which offer supportive services.

The term "social service," however, implies that counseling and, in some cases, crisis intervention services must be provided to families. The current FIDCR state that non-professionals (should)..."be used in productive roles to provide social

services" and that these individuals should be "under the supervision of a staff member trained or experienced in the field," (FIDCR 1968, Section IV, p. 10, #s 1 and 2). Many people stated that it is unrealistic to expect untrained individuals to deliver social services and that this requirement reflects a lack of commitment to the welfare of the child's family. Also, the ultimate responsibility for providing social services is not delegated to either the administering or operating agency. Many of those consulted believed that, given the relationship between the administering and operating agencies, the responsibility for providing social services should be more clearly delegated.

In responding to the educational services component of the FIDCR, most individuals criticized the term "educational services" rather than the content of the guidelines. Some groups, including teachers and directors, expressed their belief that the term "educational" is inappropriate since it implies that day care should have an "academic" focus. They felt that school and after-school experience should be complementary; the focus of after-school programs should not be purely academic. In light of this some people have advised that titles such as "developmental services" or "services which ensure optimal growth and development" be substituted for the term "educational services." Some individuals have suggested that all of those regulations currently listed under educational, social, health, and nutrition services should be classified together.

B. Lack of Definition of Purpose/Poorly Organized Format

A major criticism was that the requirements are unenforceable given their poorly organized format. Generally, this was believed to result from a lack of definition of purpose and the failure to categorize requirements so that information is retrievable.

In their current form, the FIDCR reflect an uncertainty as to what material should be included. It is unclear whether the FIDCR are written to: provide parents with information regarding types of programs in which to place their children (i.e., family day care homes, group day care homes, or day care centers); assist program operators in developing or restructuring their programs; outline minimal regulation to be achieved and services to be provided by day care programs; or outline optimal standards to be achieved and services to be provided by day care programs.

Another problem with the current FIDCR is the way present requirements are grouped. Requirements for program operators need to be separated from those pertaining to administrative agencies. Requirements for staff health and education need to be separated from those relating to the services to be provided to the children. When at all possible, information regarding evidence of compliance should be included directly after corresponding requirements have been outlined and information directed at the operating or administering agencies should be labelled according to function--"standards"

or "recommendations."

Only when the FIDCR are clearly focused, when categories are well defined, and concrete information regarding evidence of compliance is included, will these requirements be measurable, enforceable, and effective guidelines for programs to follow.

C. Vague Wording and Lack of Definition of Terms

Another major criticism voiced by many program directors was that the current FIDCR are unenforceable due to their vague wording and a lack of definition of terms. Words such as "appropriate," "normally," and "adequate," although general enough to take regional differences into account, are too vague to be enforceable and measurable. Definitions for "appropriate" or "adequate" should be included.

The current standards also lack a working definition of "school-age children." This is a critical issue to program operators. They believe the definition should include children from five years of age to fourteen years of age.

The information on staff ratios is not clearly presented. The members of the center staff to be included in calculating the ratio (e.g., administrators, teachers, volunteers, janitors, and cooks) and the extent to which ratios must be maintained throughout the day are not clearly identified.

D. The Lack of Defined Responsibilites for Management Procedures.

The FIDCR do not define who is responsible for the management of the programs. The FIDCR presume that the

administering agency will also provide supervision to the operating agency in order to ensure compliance with the FIDCR. Citing this as a "Headstart Model," many individuals claimed that except when they receive reimbursement for services, there is little contact between the administering and operating agencies. Thus, the administering agencies may not realistically be in a position to ensure accountability and the operating agency's compliance with regulations. Given the assumption that the administering and operating agency model is a reality, it is unclear which agency is ultimately responsible for daily program operations. Many individuals stressed that this responsibility must be clearly delegated in order to ensure accountability and compliance.

E. Do Not Address Adequately Family Day Care Services for School-Age Children.

Standards for family day care services for school-age children are not outlined in the FIDCR. Teachers, directors, parents, and representatives of the legal profession were concerned that specific information such as guidelines and procedures to follow pertaining to the need for liability insurance be available to family day care providers and to coordinators of family day care systems. Some believe that the states could be responsible for establishing goal standards. They also stated that the FIDCR must address the differences between center-based after-school programs and after-school services provided in family day care homes and systems.

Generally, approximately thirty representatives of both profit and non-profit programs for school-age children expressed their frustration and dissatisfaction with the current FIDCR. Compliance with the current standards was said to considerably increase the cost of providing services, and the discrepancy between the cost of services and the federal reimbursement received was of concern to most administrators. The appropriateness of the rates which have been established in each state (and which sometimes vary within states) is an issue which must be addressed at the state and federal levels. Lack of sufficient funds severely limits the ability of programs for school-age children to comply with licensing or funding standards and regulations.

A number of program administrators expressed their hesitancy to apply for federal funds due to the effort involved in actually providing the comprehensive services which must be provided and the proportionately low reimbursement rate. Gathering appropriate information, completing forms and other such responsibilities were also viewed as a time consuming responsibility.

III. SCHOOL-AGE CHILDREN

A. General Description of Population of School-Age Children

It is proposed that for purposes of clarity the FIDCR will have to develop a definition of the term "school-age children." In the draft copy of the Federal Day Care Requirements June 18, 1972, the term "school-age child" is identified as "a child aged seven through fourteen years, or a younger child who has entered first grade."[1] However, it is difficult to discuss the population of school-age children without considering the five- and six- year-old child who attends kindergarten for several hours a day and attends an after-school program for another portion of the day, up to four, five or six hours a day. In discussions with child development specialists, developmental psychologists, and after-school staff, a consensus definition of the term "school-age children" could not be reached. There was extensive discussion regarding children ages five and six years who are in kindergarten. Some people strongly believed that the term "school-age children" should refer to children ages five to fourteen who are enrolled in a school program for at least 2½ hours per day. Some individuals stated that the term should not include children five and six years of age since their developmental needs are different from those of children seven years and older. It seems that we have proposed a problem without coming forth with a solution.

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[1] Department of Health, Education and Welfare, Federal Day Care Requirements, June 19, 1972, Draft p. 4.

Programs in Brookline, Massachusetts, and the Children's Center Programs in Santa Monica, California primarily serve children ages five to fourteen years of age with most children falling in the five to nine year age range. According to Docia Zaritkovsky, Director of the Santa Monica Children's Center, a majority of the children enrolled in after-school or extended day programs are children who are five and six years of age, that is, children who attend kindergarten for a half day and then attend the after-school or extended day program for the other portion of the day.[1]

If, in fact, extended day programs do include children ages five to fourteen, and if the needs of five- and six-year-olds do differ from those of children seven to fourteen, then a definition of school-age children in an after-school context should take into account both factors. Such a definition should include the entire population of five- to fourteen-year-olds represented in after-school programs. Standards for these programs, however, while including the five- and six-year olds, should reflect the differing needs of this group by developing program components relevant to those needs.

Due to the non-standard definition of the term "school-age child" it is difficult to report numerical data relating to the population of school-age children. Most

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[1] Personal Conversation, Joan Bergstrom and Docia Zaritkovsky on October 12, 1976.

statistics do not address themselves to the seven- to fourteen- or five- to fourteen-year-old populations but to the population of six- to fourteen-year-old children. Despite this problem, the data presented below document the fact that many "school-age children" are left unsupervised for at least several hours each day. The following figures can provide a very rough estimate of the number of school-age children, the number of school-age children who have working mothers, and the number of school-age children being served by before- or after-school programs.

Total population

There are 29 million children between the ages of six and fourteen currently living in the continental United States.[1]

School-age children with working mothers

"Nearly 18 million children from six to fourteen years old have mothers in the labor force; at least this many children need some form of supervision after school hours."[2]

School-age children in before- or after-school programs

(1) 1.6 million children are currently enrolled in

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[1] Statistical Highlights from the National Child Care Consumer Study (Washington, D.C.: U.S. Department of Health, Education and Welfare, 1976), p. 5.

[2] National Council of Organizations for Children and Youth. America's Children 1976 (Washington, D.C.: National Council of Organizations for Children and Youth, 1976), p. 74.

before- or after-school programs.[1] This figure represents approximately 5 percent of all school-age children.

(2) A total of 9 million hours per week is spent by all school-age children in before- or after-school care.[2]

(3) Seventy-nine percent of the school-age children enrolled in before- or after-school programs attend the programs less than ten hours a week.[3]

(4) Presently, before- and after-school programs are virtually non-existent for Indian, migrant, rural, and handicapped children.[4]

Efforts must be made to develop programs to accommodate the many school-age children who are now unsupervised after school. The needs of school-age children must be considered and before- and after-school programs must be designed specifically to meet their needs.

B. The School-Age Child's Developmental Needs.

The Five- and Six-Year-Old Child

As mentioned previously, many five- to six-year-old

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[1] Statistical Highlights from the National Child Care Consumer Study (Washington, D.C., U.S. Department of Health, Education and Welfare, 1976), p. 9.

[2] Ibid., p. 11.

[3] Ibid., p. 10.

[4] Diffendal, op. cit., p. 2.

children, often referred to as "preschool children," are, in fact, enrolled in extended day or before- or after-school programs for school-age children. Some of the following characteristics and special needs of the five- to six-year-old population have been identified.

The actions and behavior of five- and six-year-old children are influenced largely by their desire to initiate activities and to be autonomous. During this developmental stage, "when the development of the sense of initiative dominates life, it seems more important to get things started than to finish them. Planning, undertaking, explaining, pushing out and attacking are all of the essence of this period."[1]

The child's desires to be autonomous and to display initiative are accompanied by feelings of ambivalence and insecurity and by the child's desire for attention. Children need to be reinforced, supported and, when necessary, restricted by adults who care for and are involved with them. It is important at this age that children learn that their demands and desires must be compromised in light of "the demands of the outside world. Considerable development of character takes place during the preschool years, when the child increases in knowledge of rules, in his ability to judge right from wrong and in his will to do right."[2] One of the areas in which five- and six-year-old children need guidance and restriction is in developing

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[1] Mollie S. Smart and Russell C. Smart, Children Development and Relationships (New York: The Macmillan Company, 1967), p. 178.

[2] Ibid., p. 298.

nutritious eating habits. Given the limited food intake capacity of children this age, children must learn about the importance of eating nutritious foods instead of "junk" foods which are lacking in nutrients.

The five- to six-year-old child's thought, language and imagination processes are

> ...dominated by the perceptual experience of the moment. Thought is centered, since the preschool child finds it extremely difficut to consider how any situation looks to another person. He feels no need to justify his thinking to anyone else. As he moves through the preschool years, his thinking becomes increasingly flexible, less centered and less dominated by perception. Concepts are at first embedded in concrete experience, becoming more and more abstract as the child has experiences in grouping objects, dealing with time, space and numbers, experimenting with processes. The process of abstraction is aided by the abstractions offered by language. Both language and concepts are learned through interactions with people, where the child checks and rechecks his accuracy, eventually achieving socialized thought.[1]

The Six- to Twelve-Year-Old Child

Psychologists have termed the years six to twelve as "the latency period," "the school-age period," or "the gang age period." During this maturational period the school-age child expends large amounts of energy and learns problem solving and social interaction skills. The child's peer group, the "gang," is most important to him at this time and he spends as much time as possible with his peers. As summarized by Smart

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[1] Ibid., p. 239.

and Smart, some of the school-age child's physical characteristics and skills can be described in the following ways:

> ....The school-age child now works to develop and perfect many motor coordinations, enjoying the sense of adequacy which grows from successful performance. His concept of himself and his body reflects the interactions of his body with the world and also reflect his perceptions of peoples reactions to him....
>
> ....More kinds of vigorous motor play, such as ball games, running, chasing and jumping are almost universal....
>
> ....Sometimes the child jumps, skates or bounces by himself, apparently thoroughly enjoying the process of developing motor skills....
>
> ....Little girls struggle to embroider tiny mirrors onto shirts and bags. The aim is excellence in the vocational pursuits of weaving, ivory inlaying and mirror embroidery....
>
> ....American parents tend to want their children to be moderately competent in many areas, often turning to experts for instruction for their children. School-age children build upon the basic motor skills learned in pre-school years, practicing diligently and achieving a variety of competences and interests.[1]

Intellectual development is summarized by Smart and Smart as follows:

> ....The school-age child feels a necessity to develop intellectual skills as part of a whole network of competencies which contribute to his sense of industry. His thinking increases in both flexibility and control. He can delay his response to the experience of the moment, taking account of several aspects of the situation, weighing them, bringing in past experience and even considering the future. The

[1] Ibid., pp. 309, 328, 329, 340.

points of view of other people are realities which enter into his deliberations and influence his actions. While considering which response to make, the child can think and act and think it undone, thus trying out various courses of action mentally. He also learns that there are certain kinds of processes or operations of thought and of nature which can be done and undone, or reversed.

The child thinks about experiences and symbols in systematic ways. He is not likely to think about pure abstractions, however. In his classifying, he can understand relations between classes and subclasses and between parts and wholes. He relates objects to each other, ordering them in terms of size, age, sound or some other criterion. Number concepts are built from the combined operations of classifying and ordering. During this period of cognitive development, the child becomes convinced of certain constancies in the environment. He comes to realize that substance, weight, length, area, volume and numbers remain the same (are conserved) even when changes are made in arrangements and positions. The notion of conservation, like other cognitive achievements, is built through interaction with the environment.

Cognitive style refers to the ways in which an individual characteristically perceives, organizes his perceptions and seeks solutions to problems...

Language develops in intimate relationship with thought and with social interaction.....Language development and concept formation contribute to one another. Concepts, and the words attached to them, emerge gradually, as the words become differentiated from the context in which they appear. As the child matures, he shows increasing understanding of the sentence as a stable grammatical structure.

Imagination continues to be used in problem solving and self-expression although there is some indication that the school-age child uses imagination less than does the preschool child. A large part of the imaginative expression of middle childhood is through language and humor, which create the distinctive culture of childhood. Language play takes the form of magic-making formulas, verses and chants which are handed down from one generation of children to another. Jokes and riddles reflect the child's preoccupation with adequacy.[1]

[1] Ibid., pp. 365-366.

The school-age child also develops competence as a learner and a doer, and in summary:

> The child now feels a need to learn the rules of the game, as they pertain to many aspects of life, as he looks forward to taking his place as a producing member of society. His approaches to learning skills, rules and various competencies grows out of his motivations and out of the social and cultural settings in which he grows up.
>
> A wide choice of activities assures each child a good chance for success in one or more areas of competency. While academic excellence is out of reach for most children with limited backgroumd experience, motor skills and play activities offer them chances to excel. Reading, the key to success in school, is influenced by a multitude of physical, emotional and experimental factors. Writing, a psychomotor skill, serves the purpose of communication and self-expression. Mathematics, an area in which many children have experienced inferiority, can be taught on a broad base of experiences with manipulating, grouping, arranging and ordering.
>
> The sense of industry grows upon success as a worker at home, as well as at school and in the community. Since meaningful jobs are not always easy to find, group leaders and recreation workers often supplement the home in this important area.
>
> The learning of society's rule is a long process which begins by being able to state what people are supposed to do and which progresses by grasping more and more of the abstractions involved and by understanding the complicated interweaving of social roles. Moral judgment, involving evaluation of actions, matures along with cognitive and social growth. Moral behavior depends upon will and control, in conjunction with moral knowledge and judgment. Religious and philosophical concepts also develop through cognitive and social growth, guided by the type of concepts to which the child is exposed.
>
> Success in development of the sense of industry is strongly influenced by the child's desire for achievement and recognition. Applying standards of excellence to himself, he and others judge his performance. A feeling tone results from that judgment, a happy

> feeling from approval, or an unpleasant feeling from disapproval. Both the need for achievement and achievement behavior show some consistency over time across situations and in sex differences.[1]

Staff working with children six to twelve years of age must recognize that these children will have an increased appetite and a great deal of energy for rigorous motor play. School-age children also need opportunities to develop intellectual skills and experience a sense of industry, language, communication, reading, mathematical, scientific cognitive skills and other competencies are developing as the child matures. During this period school-age children begin to recognize some of the "rules of society," their moral judgment matures, and religious and philosophical concepts are guided by the individuals with whom the child identifies and the situations to which the child is exposed. The school-age child gains a great deal from his interactions with peers; the values learned in the family are somewhat modified by the child's peer relationships. Game playing is a favorite activity of children this age and clubs become a way for children with special interests to come together.

The Twelve- to Fourteen-Year-Old Child

Twelve- to fourteen-year-old children experience psychological changes.

During early adolescence, a period of rapid physical

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[1] Ibid., pp. 391-393.

growth, the child experiences sexual desires and is more sexually active.

> Physical and psychological growth are inter-related in many ways. Physical phenomena interact with social, intellectual and personality development. Physical appearance and adequacy are of great concern to the adolescent since he is involved in building a sense of identity. Early maturers differ from late maturers in personality characteristics, as rated by others and as reported by boys and girls themselves. The former are more likely to have favorable self-concepts.[1]

The young adolescent continues to seek independence and wants more privileges and more freedom from adult supervision and restraint so that he can follow the dictates of the peer group. The young adolescent is primarily concerned about his status with his immediate peers; he strives to be as much like the others as possible. For some children this stage of peer involvement is a time for experimentation with drugs and alcohol.

Young adolescents become increasingly skillful at logical and abstract thinking. Creativity and self-expression are prevalent at this time, and children are developing the ability to think reflectively, to think about their own thoughts.[2]

Those who are involved and working with twelve- to fourteen-year-old children must determine ways to promote their creative and productive thought. Methods must be developed for

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[1] Ibid., p. 471.

[2] Ibid., p. 493.

providing children (both early adolescent and younger children) with relevant information pertaining to sex, drugs, nutrition and overall health.

C. Potential Problems for School-Age Children

There are several areas which may be identified as areas of potential risk or problems for school-age children. After-school programs have a definite role to play in helping avoid or resolve some of these situations. Children five to fourteen face some of the following problems: alcoholism, drug use and addiction, juvenile running away, obesity, juvenile delinquency, adolescent pregnancy, and the decreasing numbers of adults at home with school-age children before and after school.

Drinking can be a serious problem among preteens. Authorities believe that the use of alcohol is now spreading down to school children in the lower grades. A special study conducted by the National Institute on Alcohol Abuse and Alcoholism on drinking by adolescents estimates that over a million boys and girls between the ages of twelve and seventeen may have serious problems related to drinking.[1] "Even among children from nine to eleven years of age, drinking problems are becoming more visible."[2] In New York, The National Council on Alcoholism reported increased requests from junior high PTA's

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[1] David Behrens, "Teenage Drinking," Newsday, December 11, 1973, p. 10A.

[2] Carol Kimmel, "PTA Page," Parents, p. 57.

for speakers on the danger of drinking. A director of a given youth agency reported, "A lot more kids seem to be getting drunk more often and at a younger age, even at 12."[1]

Drug use and misuse has spread rapidly in a downward fashion in our society from adults to college and secondary school age students to elementary school children. Research has reported that it is no longer possible for adults to deny the existence of drug problems on the elementary school level. Attempts to determine the exact age of the onset of drug use in elementary school children have been limited. However, the Orange County (California) Department of Education has found that the average age of the initial recreational drug use was between nine and eleven years. It also has been reported that when fourth, fifth, and six graders in one school system were asked what drugs were available for purchase at their school, marijuana, amphetamines, barbiturates, and heroin were cited most frequently and cited in that order.[2]

Another alarming phenomenon facing school age children is that of juvenile runaways. It has been reported that more than half of all runaways are girls. The average age for fleeing youths is declining steadily, and in New York City, 13 percent of recent runaways were found to be in the eleven to fourteen age bracket. According to FBI statistics increasing

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"The Latest Teen Drug: Alcohol," Newsweek, March 1973, p. 68.

Stuart J. Cohen, Ed.D., "Drug Use, Misuse, and Abuse - Incidents Among Elementary School Children," Journal Drug Education. Vol. 6(3), 1976, pp. 247-251.

numbers of eleven- and twelve-year-olds have brought the average age down to thirteen or fourteen.[1]

Overexposure to television is a common problem which school-age children experience. Ms. Margaret B. Cline, the previous director of an after-school program (Plowshares, Newton, Massachusetts), reports that one of the primary reasons that parents identified for wanting to send their children to an after-school program was, to prevent children from remaining at home and watching television, every day, all afternoon. Ms. Cline and others believe that television watching leads to a decrease in physical activities and is not intellectually stimulating if watched for several hours daily.[2] Dr. Robert Liebert, Professor of Psychology at the State University of New York, noted that "children in the primary grades were found to watch between fifteen and twenty-five hours a week, older children about twenty-five hours, and high school students watched over an hour more each day than those in senior high." By the time a child finishes high school, he has spent about 15,000 hours in front of the set and 12,000 hours in the classroom. Put another way, by the time a young person reaches age 18, she has spent two full years of her life watching television.[3]

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[1] Mary Scott Welch, "The New Runaways," McCalls, November 1974, p. 51.

[2] Personal Conversation, Joan Bergstrom and Margaret B. Cline on December 12, 1976.

[3] Robert M. Liebert, John M. Neale, Emily S. Davidson, The Early Window (New York: Pergamon Press Inc., 1973), p. 9.

Another primary concern is how children are affected by the preponderance of violence in television programs. In his study of "Television in the Afternoon Hours," Dr. Barcus found that six out of ten stories in the programs he monitored contained some observable act of violence, and three in ten were "saturated" with it.[1] Violence perpetrated with weapons was the most common type, and was most frequently directed against other humans, especially in cartoon comedies. This raises serious questions about how children react to what they see. Dr. George Gerbner and Dr. Larry Gross of the University of Pennsylvania's Annenberg School have conducted annual "Violence Profiles" which measures "trends in network television drama and viewer conceptions of reality." They found that:

> ....heavy viewers significantly overestimated the extent of violence and danger in the world. Their heightened sense of fear and mistrust is manifested in their typically more apprehensive responses to questions about their own personal safety, about crime and law enforcement, and about trust in other people.[2]

A further concern that arises when considering the amount of time a child spends watching television is that all too often this occurs at the expense of other forms of activity. A child who watches 25-30 hours a week forms a passive partnership with the tube that often precludes his doing more productive things such as reading, writing, listening to music, or interacting with other children and adults. The TV may provide

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[1] Ibid., pp. 19-20.

[2] George Gerbner, Larry Gross, Violence Profile No. 7: Trends in Network Television Drama and Viewer Conceptions of Social Reality 1967-1975 (Philadelphia: Annenberg School of Communications, University of Pennsylvania, 1976), p. 9.

instant entertainment but what does it do over the long range in terms of a child's sense of creativity and initiative?

For a more detailed report on Overexposure to Television refer to Appendix G.

Nutritionists from the Frances Stern Nutrition Center, Tufts New England Medical Center, Boston, Massachusetts have reported that obesity in school-age children is increasing. There are a variety of factors, genetic, psychological, and environmental, which contribute to obesity in school-age children. These contributing factors include: food availability, social eating habits, family eating habits, infant feeding practices, personal eating habits, personality characteristics, motivation, emotional disturbances and psychological factors.

Because obesity can be and potentially is seen as a serious problem in the school-age child, after school programs should address this issue. Programs should be planned to ensure that children are provided with a variety of nutritious snacks, action oriented physical sports are encouraged and positive peer interaction is encouraged and nurtured. For a more detailed report on Obesity and School Age Children refer to Appendix H.

The problem of delinquency in school-age children is

receiving increasing recognition. If the present trends continue, one out of every nine youngsters will appear before a juvenile court before the age of eighteen. The number of youths arrested for murder, robbery, rape and assault, while still small in absolute numbers, has leaped 254 percent since 1960.[1] In a study done by Glueck and Glueck (1950, 1968) it was reported that delinquency in boys begins at a younger age than perhaps many people realize. Delinquent misbehavior was first noted at an average age of eight years (See Table 1) and the average age for the boy's first court conviction was 12.5 years.[2]

Table 1[3]

Age at Onset of Misbehavior of 500 Juvenile Delinquents*

	Delinquents	
AGE	NUMBER	PERCENT
Under 5 years	20	4.0
5-7 years	222	44.4
8-10 years	196	39.2
11-13 years	53	10.6
14-16 years	9	1.8
TOTAL	500	100.0

M. = 8.35 years
S.D. = ± 2.39 years

*Reprinted by permission of the Harvard University Press

1 Vaughan and Brazelton, op. cit., p. 24.

2 Hershel Thornburg, Preadolescent Development (Tucson, Arizona: University of Arizona Press, 1974), p. 230.

3 Ibid., p. 230.

These figures give no indication of the types of behavior which are classified as delinquent. The term "delinquent" is used to refer to children who violate any law or ordinance, are habitually truant from school; are absent without consent from their homes or places of residence, are incorrigible or beyond control of parents, guardians or teachers; smoke cigarettes; use drugs or intoxicating liquors; or are disorderly and act in ways which may be harmful to themselves or others.[1] The relative seriousness of each of these behaviors is subject to interpretation and the frequency and persistence of the child's behavior must be taken into account.

Evidence regarding the factors contributing to the school-age child's delinquency are inconclusive:

> There seems to be nearly as many "causes" of juvenile delinquency as there are individuals who have studied the problem. Delinquency has been attributed to bad companions, adolescent instability, mental conflicts, extreme social suggestibility, early sex experience, love of adventure, motion pictures, school problems, poor recreation, excessive street life, sudden impulses, bad habits, poor physical structure, ill health, or premature puberty. Yet most children have experienced one or more of these "causes" and have never become officially delinquent.[2]

Given the range of behaviors to which the term "delinquent" may refer and the conflicting information regarding the etiology of delinquency, "answers" to the problem are

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[1] Clyde B. Vedder, Juvenile Offenders (Springfield, Illinois: Charles C. Thomas Publishing Co., 1963), p. 6.

[2] Ibid., p. 9.

difficult to produce. Although it is evident that delinquency in school-age children is an issue which warrants attention, it is difficult to prescribe a given program which will serve a preventive or rehabilitative function. A range of different types of programs must be developed where the center personnel take a "great responsibility as models for the children as well as for the attitudes which they express and which the children will adopt as their own."[1]

Adolescent pregnancy can be identified as another possible problem area for the school-age child. The extent of the problem can be summarized as follows:

> --"'The only increase in birth rates in 1975 was for girls aged 10 through 14, who accounted for 12,642 births - only .4 percent of all births that year. An estimated 87 percent of those births were illegitimate,' a center spokesman said."[2]
>
> --One out of every ten adolescent girls will give birth to a baby before the age of eighteen. Although approximately 60 percent of the girls are married by the time the babies are born, many of the children were conceived out of wedlock.[3]

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[1] Judith Bender and others, The Hours Between: Community Response to School Age Child Care (Baltimore, Maryland: Maryland 4-C Committee, Inc., 1975), p. 31.

[2] "Record 14.2% of U.S. births were illegitimate in 1975". The Boston Globe, January 1, 1977, p. 2.

[3] Dorothy Huntington, "Learning from Infants and Families," Journal for the Association of the Care of Children in Hospitals., p. 7.

--Each year adolescent mothers gave birth to more than 600,000 babies.[1]

--The only group of women for whom the birth rate is rising is the group of adolescent women from ten to fourteen years of age.[2]

--The birth rate per thousand is higher for girls fifteen to nineteen years of age than for women thirty to thirty-four years of age.[3]

Although all of these statistics do not specifically relate to the school-age child as identified in the study, they do clearly indicate that some girls become mothers at an early age. Research studies have indicated that there are educational, health and social risks for girls who become mothers at an early age. Also the infants of adolescent parents are more likely to be premature and of low birth weight. There is a greater risk that low birth weight infants will be either physically handicapped or mentally retarded.[4]

As more mothers go to work, the number of adults in the home who can care for the children decreases. The American family has been undergoing

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[1] Dorothy Huntington, "Learning from Infants and Families," Journal for the Association of the Care of Children in Hospitals., p. 7.

[2] National Council of the Organizations for Children and Youth, America's Children 1976, Washington, D.C., p. 7.

[3] Huntington, op. cit., p. 7.

[4] Marion Howard, Only Human: Teenage Pregnancy and Parenthood (New York: The Seabury Press, 1975), p. 74.

rapid and radical change. More specifically, a familiar trend is that once a child is old enough to go to school his mother enters the labor force. As of March 1974, 51 percent of married women with children from six to seventeen were engaged in or seeking work.[1] Also there is a growing number of single-parent families and these mothers are likely to be in the labor force; approximately 67 percent of single parent working mothers have school-age children.[2]

Some potential problems faced by school-age children have been described briefly above. Many of these situations and problems can be eliminated and or supported if children ages five to fourteen have appropriate recreational facilities with caring and understanding supervisory personnel. Such facilities can also be reassuring to parents who often cannot be at home early in the morning and late in the afternoon. Obviously, when children are left unattended, it is more likely that they will experience such difficulties as those identified. Also programs can be planned to consider some of these potential problems and if appropriate plans are made with the families, school-age children and their parents can be provided with information which could assist them in understanding some of the risks associated with drinking, drug abuse and misuse, overeating watching television for long hours and other areas.

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[1] Victor C. Vaughan, and T. Berry Brazelton (eds.), The Family -- Can It Be Saved? (Chicago: Year Book Medical Publishers, Inc. 1976), p. 4.

[2] Ibid., p. 5.

IV. SERVICES TO BE DELIVERED AND STANDARDS TO BE MET BY PROGRAMS SERVING SCHOOL-AGE CHILDREN

Federal Interagency Day Care Requirements cover a broad range of programs of varying sizes and locations serving populations with differing needs. In order for those requirements to be applied in a constructive and meaningful way, standards must be measurable and attainable.

Because current standards are considered by some to be too strict as well as too vague, an alternative framework for presenting requirements might be appropriate. Baseline or minimum program regulations could be established below which no program could operate and receive federal funds. At the same time, optimal goal standards could be identified in order to give direction and to provide an incentive for moving beyond the minimum regulations.

This paper will address issues which need to be addressed in establishing program regulations and goal standards. In addressing a number of issues we have made some recommendations and they will need to be refined. We realize that a final statement on federal requirements would have to involve more appropriate representatives.

Issues which will be addressed include:

A. Day Care Facilities
B. Staffing
C. Educational Services
D. Health Services
E. Social Services
F. Nutritional Services
G. Parent Involvement
H. Legal Liability of Day Care Providers

A. Day Care Facilities

Recommendations - The FIDCR should mandate that programs for school-age children comply with local and state health, fire safety, zoning, and licensing requirements. Since in most states zoning and licensing standards for after school programs are based on preschool and day care standards, attention must be given to developing flexible zoning and building standards for after school programs without sacrificing safety and appropriate space. A minimum space requirement which takes into account the child's need for space in which to play, interact, and have privacy must be established. Special requirements might be established for programs which serve as a place simply to "touch base" before going to other activities. Suggestions regarding the variety of physical settings which may house programs for school-age children and guidelines regarding the program's location within the community and the organization of indoor and outdoor space should be included.

Given the documented number of school-age children who need care before or after school (see the section entitled "Population of School-Age Children"), it is essential that programs be housed in a variety of physical settings, all of which are in compliance with state and local health, fire, safety, zoning, and licensing requirements. Studies must be done regarding minimum space requirements and those factors which may affect the minimum amount of space to be used (e.g., the organization of space, staff training, availability of indoor/outdoor space, and the nature of the program). In some

communities where school-age programs are located in public buildings they do not have to comply with the state day care zoning and licensing standards. Therefore the utilization of public school facilities often has significant advantages observed for example in Brookline, Massachusetts. Program facilities can be located in: day care centers, family day care homes, public schools, YMCA's or YWCA's, Boys' Clubs, churches, community centers, adapted storefronts, and local recreational facilities on public transportation lines, so that the program is not isolated from the community and children can make use of libraries and community activities and can interact with or observe adults doing their daily work.

> Transportation turned out to be a very important dimension of care for school age children. Where it was provided regularly its provision became a large part of the operating budget, a source of continued headaches, and an opportunity to provide considerable variety and enrichment. Where it was not offered, children were often confined to the same physical location week after week and sometimes year after year. Many of the experiences which we take for granted for school age children were automatically ruled out in centers which had found no way to get their children out into the broader community.[1]

If at all possible, environments for school-age children should include both indoor and outdoor areas. After-school program staff should organize the physical space so that there are areas for both individual and group activities. After identifying some of the needs and interests of the group, areas should

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[1] Elizabeth Prescott and Cynthia Milich, School's Out: Group Day Care For The School Age Child (Pasadena, California: Pacific Oaks Press, 1974), p. 17.

be designed which facilitate their involvement. The outdoor space might be designed and used by the children as an "Adventure Playground."[1] Indoor areas should include work surfaces and storage and display facilities. Most materials should be readily accessible to the children so that they may work independently and initiate their own activities. In addition, private areas could also be provided so that those children who want to can be alone, rest and relax when attending the before- or after-school program. According to Prescott and Milich,

> Good space provides for indoor - outdoor accessibility, so that choices are available and children can decide whether to be inside or out. Good space includes softness for comfort, insulated areas to protect from intrusion, and storage, so that there are places to keep unusual equipment and plenty of supplies. Furthermore, a good program, even when it involves the most skilled adults, does not occur in a vacuum. It is grounded and held together by good space where activities can occur, and by objects -- the supplies and equipment which are essential to the activity. These objects need a place, called storage. Tasks with a purpose grow out of these kinds of spaces and learning to order and control the space to keep the tasks going becomes another dimension of complexity, that of maintaining, in cooperation with others, a workable living space.[2]

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[1] Educational Facilities Laboratory, Found Spaces and Equipment for Children's Centers (New York: Educational Facilities Laboratory, 1972), p. 44.

[2] Prescott and Milich, op. cit., p. 32.

B. Staffing

Recommendations -- The FIDCR should mandate minimum staff-child ratios. Some that were recommended by people we spoke to in the field established: one adult for every nine to eleven children ages five to six; one adult for every ten to fourteen children ages six to nine; and one adult for every fifteen to twenty children ages nine to fourteen. These recommendations are not based on research data but instead, represent ratios that were observed to be feasible. However the developmental needs of each age group were reviewed, it was generally agreed that adequate staff is needed to structure and plan activities, and to allow school-age children the freedom to explore and experiment in and within their environment. Child development and early childhood educators were eager for us to propose a relatively lower staff ratio. Some directors of programs, especially those of privately owned centers have reported that a lower staff-child ratio would not be practical. Whatever ratios are established, they should be consistently maintained throughout the day when the children are present and, volunteers should not be counted in the tabulation of staff-child ratios. We have observed that counting volunteers in the staff-child ratios to be a problem, especially many volunteers are not able to work on a steady basis. The FIDCR should provide day care operators and providers with a device for computing the number of staff necessary at any given time, given the

children's mixed ages.

In family day care homes no more than six children, ages five to fourteen, should be cared for at any time (this figure includes the provider's own children).

In order to provide school-age children with diverse recreational, creative and interactional experiences, male and female program staff members should have a variety of experiential and educational backgrounds and interests. Center-based after-school program staff should include at least one individual trained in one of the following disciplines of education: child study, human development, child health, or other related disciplines. Other staff members might include teachers, parents, day care aides, special advisors, college students, neighborhood youth corps workers and recreational aides. Individuals with specific skills or interests such as crafts, music, or dancing or creative writing and storytelling are also valuable resources in programs for school-age children.

Whenever possible the adults who work with school-age children should demonstrate:

1. The ability to provide leadership and to set limits, in ways which help children to understand how social systems work and give them experience with authoritative but non-punitive models.

2. The ability to set up an environment where children can learn skills which can be developed later into both vocational interests and profitable laisure time activities.

3. As part of the above, the ability to generate a climate where children can develop values and serious commitments.[1]

In order, then, to train individuals to deal competently and resourcefully, training programs for staff coordinated by the administering agency might be provided to larger groups of staff members employed by several after-school programs, possibly working in different program models. Family day care providers who are also in need of training might attend such sessions and could provide a different perspective in helping staff members of center base programs in understanding the needs and interests of school-age children. Staff with their diverse backgrounds must be supported and educated about the special needs of school-age children given their developmental levels.

The issue of family grouping or mixed age grouping of children also influences staffing. It was observed that when children of various ages are together, the older children more naturally learn to care and assume responsibility for the younger children. This can be of great support to the staff and children. This also has implications for staffing and daily programming in the after-school program. For example at times it is more appropriate for a given group of five- and six-year-old children to be with a group of nine- and ten-year-old children and at other times it is more appropriate

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[1] Prescott and Milich, op. cit., pp. 99-100.

for children to remain with their own age group.

Programs need support in implementing appropriate curriculum activities for school age children. Activities that might be explained include some of the following experiences: archaeological digs; basket weaving, bead crafting; aquarium -- creation and maintenance; active games -- baseball, football and badminton; ant farms -- creation of them; art activities -- using basic paints, chalk and crayons; special art activities -- batik, papar mache and tie-dye; babysitting school pets; backyard camping; bicycle riding; birdfeeding-bird watching; block building -- unit and large construction; book writing and binding; candle making; card games; carpentry -- wood construction; ceramics and fabric design.[1]

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[1] Judith Bender et. al., The Hours Between: Community Response to School Age Child Care, Publication No. 012 (Baltimore, Md.,: Maryland 4-C Committee, Inc., 1975), pp. 18-22.

C. Educational Services

Recommendation -- The FIDCR should mandate that programs for school-age children:

> ...provide, but not be limited to activities which encompass guidance, drug and sex education, personal hygiene, educational counseling, development of social relations with peers and adults, cultural awareness, tutorial supervision, use of community resources and general recreational activities.[1]

After-school programs must allow and arrange for children the opportunities to interact with their peers and with adults; have experiences which foster positive self-concepts and social awareness; have opportunities to master skills, create with a variety of media, and explore the environment; and have opportunities to initiate and complete a task, working with other children or alone, with the help of teachers or independently. Each of these experiences promotes the child's growth and learning, and they also promote his social, emotional, physical, and language development. As such, the focus of day care experiences might be entitled "developmental services" or "services which ensure the child's optimal growth and development." As stated by D. Bruce Gardner, "pre-adolescent children need much more than mere supervision. They need challenge, stimulation, resource material, ideas, people around them who know how to listen, and adults with whom to identify. They have talents and skills to develop, energy to put to use, and

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[1] Harrisburg, Pennsylvania, Department of Public Welfare's Regulations on Day Care Services for Children, Pennsylvania Bulletin, Vol. 6, No. 55, (October 16, 1976), p. 2605.

huge reservoirs of creativity which need tapping."[1]

In most programs for school-age children, activities are planned to coincide with the children's interests and abilities, past experiences (both at school and in the program), and present experiences (at school and at home). Opportunities for interaction are an important part of before- and after-school programs, as are opportunities for reflection and privacy. Elizabeth Prescott and Cynthia Milich observed numerous programs for school-age children and have identified those activities in which the children whom they observed were involved. During the majority of the children's time (65%) the children were involved in "Full Range" activities (see Table 2). Of this 65 percent, only 1 percent of the time was spent in studying as opposed to playing sports and games, doing arts and crafts, or dancing and singing.

When observational data collected while visiting programs for school-age children were analyzed, Prescott and Milich's findings were confirmed. Over periods of time in several centers, children ranging from approximately six to ten years of age were observed participating in activities such as constructing and playing in forts, creating with unstructured art materials, cooking nutritious snacks, playing games such as

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[1] D. Bruce Gardner, "Day Care for School-Age Children - A Linkage." Partial financial support for this project was provided by the Office of Child Development (O.C.D.) and the Office of Economic Opportunity (O.E.O.) Grant No. H-9807, through Research for Better Schools, Ronald K. Parker, principal investigator, mimeographer paper, p. ii, 1970.

Monopoly and Scrabble, and spending time outdoors engaged in large muscle activities. In reviewing the daily schedules at each of these centers it was evident that little or no time was devoted specifically to educational instruction; however, children were encouraged by the staff to do their homework and were supported in this task.

Table 2[1]

(N = 1267)

Out of Activity = 23%		Limited Range = 12%		Full Range = 65%	
Out of Activity		Limited Range		Full Range	
In transition	8.0%	Conversation	7.0%	Sports	18.0%
Horsing around	4.0%	Reading	2.0%	Arts & Crafts	11.0%
Self-care	4.0%	Eating	1.0%	Games	10.0%
Watching	2.0%	Listening	1.0%	Dramatic Play	9.0%
Restriction	2.0%	Watching TV	1.0%	Exploring	7.0%
Other	3.0%		12.0%	Doing Work	5.0%
	23.0%			Construction	4.0%
				Music, dance	1.0%
				Academic, Homework	1.0%
					65.0%

In some programs special tutorial programs or "thinking skills

[1] Prescott and Milich, op. cit., p. 26.

programs" have been designed as an integral part of the after-school program. The Thinking Skills Program, as reported by Sunley, is specifically suited to the needs of the individual children served.[1] Children play games and participate in activities which are sequenced according to their difficulty and which are designed based on their needs and abilities. Through opportunities to apply the cognitive, motor, and communication skills which they have learned, children experience success and are involved in group experiences. The Thinking Skills Program was conducted two days a week in conjunction with an after-school program for kindergarten, first-, second- and third-grade children. Other programs for school-age children have similar program components.

Comprehensive after-school programs can be developed by coordinating services and programs for children such as recreation programs, arts and crafts programs, athletic programs, Boy and Girl Scouts, and boys' and girls' clubs.[2]

Some programs for school-age children also provide opportunities to use recreational facilities such as swimming pools, basketball courts, baseball fields and gymnastic facilities, and community resources such as libraries or media centers. In some cases children check in with one of the after-school staff members, then leave to go to their activity session. At other programs, children do not come to the center until the activity session is over.

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[1] R. Sunley, "Thinking Skills as a Goal in an After-School Program," Children, Vol. 18, No. 5 (May-June, 1971), pp. 90-94.

[2] Gardner, op. cit., p. 4.

The practice of "checking in" is an issue which merits consideration. While program flexibility is important and may promote the children's growth and learning, programs for school age children must consider issues such as liability insurance, the safety of the children and the individuals who have primary responsibility for them.

D. Health Services

Recommendation -- The FIDCR should mandate that all programs for school age children require health examinations for children before enrollment in the program. Each program must have written plans regarding steps to be taken in case of health emergencies. Personal health files, kept at the program site, should be maintained on each child and each should include emergency or medical release forms which have been signed by each child's parent(s) or guardian(s). "At least one member of the day care staff should be familiar with how to deal with ... injuries that require first aid. A standard first aid set-up should be available."[1]

In addition, the FIDCR should mandate that each day care program have an up-to-date list of available community medical resources. This resource list should be used by staff members in helping parents to locate and obtain appropriate health services. "Where treatment for significant health and dental problems is indicated, the administering agency" must offer "...specific assistance in obtaining such service, if parents desire, but are unable to secure such services for themselves."[2]

In order to promote and enhance the school-age child's optimal growth and development, day care providers must be aware of the range and types of health problems which may be

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[1] Donald J. Cohen, M.D. et., al., Eds., Serving School Age Children, DHEW Publication No. (OCD) 72-34 (Washington, D.C.: U.S. Government Printing Office, 1972), p. 35.

[2] Department of Health, Education and Welfare, Federal Day Care Requirements, June 19, 1972, Draft, p. 39.

present or to which school-age children may be susceptible. See Appendix J for a list of health problems experienced by school-age children. It is important, however, that educators, social service workers, and government representatives do not respond to this need by mandating or attempting to deliver health services as part of the after-school program. It is extremely difficult to provide comprehensive services using such a model. Generally, resulting services are fragmented, impersonal and crisis oriented. "The delays, gaps, duplications, and diffused responsibilities which characterize fragmented care are expensive, inefficient, and sometimes hazardous."[1]

Instead, school-age children need to be provided with comprehensive and coordinated care. The child must receive ongoing health care in which screening has not been "splintered from diagnosis, diagnosis from treatment, and screening, diagnosis and treatment from the continuity of a medical home" (our emphasis).[2] The term "medical home" has been used by Dr. James R. Hughes and his colleagues to refer to the primary health care provider who is ultimately responsible for the child's physical well-being.

After realizing the importance of coordinated rather than fragmented services, it becomes obvious that after-school

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[1] James R. Hughes, M.D., Robert Grayson, M.D., and Frank C. Styles, M.D., "Fragmentation of Care and The Medical Home," introduction (unpublished paper can be obtained from Dr. James R. Hughes, 27 Mechanic St., Norwich, Vt., 05055.), p. 1.

[2] Ibid. p. 1.

programs cannot provide comprehensive health care and so should not become involved in providing services. The role of the day care staff members is, however, essential in ensuring the child's health. Program staff members are principle advocates for the child's health rather than providers of health care. Teachers and other day care staff members are in the position to provide insightful information regarding the child's overall health and nutrition. Without realizing it, they may be aware of health problems or behaviors which may be symptomatic of health problems. Teachers should make efforts to be aware of the personalities and behavior patterns of each of the children. They should note changes in the individual child's behavior, energy level, or appetite. These perceptions and observations should be shared with the child's parents, classroom teacher, and physician.

Also as part of their advocacy role, programs should continue to require that children have health examinations (including both medical and dental examinations) prior to the beginning of each year in the program. "Dental caries are the most common medical problem for children and youth from low income families, especially in communities where the water is not fluoridated."[1] If such a rule is strictly enforced, most parents will take responsibility for making health care arrangements. Other parents may require information regarding community resources as well as encouragement to obtain services. It

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[1] Cohen, op. cit., p. 34.

is important that parents continue to have primary responsibility for seeing that their children's health needs are met.

Written plans must be developed which outline the procedures in providing children with care while they are attending the after-school program. The staff in each program should be assisted by a health care consultant or through technical assistance provided by the Federal government to develop a format to follow in times of health emergency.

Programs for school-age children should have health forms and emergency release forms which have been completed and signed by the child's parent(s) or guardian(s) on file for each child in conjunction with the family physician or primary health care provider. Such forms should only request information which is needed to better understand the child in the after-school program. See Appendix H for a sample health form developed by Dr. Gerald Hass for the Shady Hill School in Cambridge, Massachusetts. This sample form should be evaluated as it is possible that more detailed information regarding the child's health and dental background and needs should be encouraged. It has been suggested that the FIDCR outline a set of standardized medical forms that could be used by programs for school-age children as a system for collecting health information. A form similar to the "Cumulative Child Health Record"[1] could be developed or this form could be adapted so it is more appropriate for school-age children.

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[1] A. Frederick North, Jr., M.D., Health Services: A Guide for Project Directors and Health Personnel, DHEW Publication No. (OCD) 73-12 (Washington, D.C.: U.S. Government Printing Office, Reprinted 1972), p. 47.

It could also be recommended that programs for school-age children address health care, hygiene, and nutritional issues with the children.

> When health education touches on areas like sex and drugs, it is important that there be complete agreement between parents, the community, and the day care program. The day care program must be sensitive to the principles and practices of the community and families and the curriculum of the schools.[1]

This program component could represent the joint efforts of program staff members, parents, representatives of the schools in which the children are enrolled, and community members.

Many of the potential problems identified in section III C can be the basis for informational programs developed by the parents, communities, and after-school programs. The federal government might assist in this area by providing assistance in the form of printed materials containing information for use by professionals and parents in designing programs dealing with the problems identified.

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[1] Cohen, op. cit., p. 36.

E. Social Services

Recommendation -- The FIDCR should state that the responsibility of providing social services to school-age children and their families be shared by members of the program staff and the administering agency. Program staff members are responsible for maintaining ongoing communication with parents and for referring parents to community resources in the event that additional services are necessary. The administering agency is responsible for providing to program staff members a listing of community support and social service agencies and providing or sponsoring an in-service training program for program staff concerning their social service function.

The primary advocacy responsibility and role of program staff members is to communicate with parents on an ongoing basis. By listening to parents' concerns and by providing them with information regarding their children's behavior and interests, staff members may promote the parents' understanding of their child. This process may begin during the intake procedure. At this time, "the program staff learns how to contact the parents, what the parents' style of communication is, and about what sorts of things the parents want to be kept informed."[1]

Ongoing communication between staff members and the child's classroom teachers is essential. When information is shared, all concerned individuals work together to ensure the child's optimal growth.

[1]Cohen, op. cit., p. 33.

Of course the issue of confidentiality cannot be overlooked. In order for the child's classroom teachers and the after-school staff to engage in such discussions the written consent of the parents must be obtained. In the after-school programs in Brookline, Massachusetts it was reported that a system has been devised for securing parental consent in specific cases. A secure system must be established so that no children are tracked inappropriately and unwarranted prejudices allowed to develop.

In crisis situations, untrained and inexperienced staff members should not be expected to provide intervention. Instead, they should have access to resource listings or should consult with an individual at the administering agency who has been identified as a social services consultant. Social services available through the schools should not be forgotten.

Given the lack of social service training or experience of many after-school program staff members, training sessions for program staff should be held and problem areas, communicative techniques, and available resources should be reviewed. Funding for these training sessions is an issue which must be addressed since, given the reimbursement rates, staff members of many programs may be unable to participate if fees must be paid.

F. Nutritional Services

Recommendation -- The FIDCR should mandate that programs for school-age children plan for and provide nutritionally adequate meals and appropriately scheduled snacks to all children in care. Each program should plan its nutrition program to complement and supplement the child's diet at home and in school; the daily nutritional needs of the children should be met and not exceeded. Whenever possible, nutritionists, physicians, or health practitioners should be consulted in developing the program's institutional plans.

Children from five to fourteen years of age who are enrolled in extended day or before- or after-school programs may be eating at home, in school, and at the day care program. Unless efforts are made by program staff members to determine the child's total food intake, children in this population are at risk of malnutrition or overnutrition due to the number of potential sources of food. Parents and school personnel should be contacted regarding the child's daily diet and food preference. Nutritional programs should be planned to please the eaters' cultural and personal tastes.

With supervision the children and youth may be involved in preparing some of their own meals and snacks. Teaching about food preparation can be integrated into the nutritional plan.[1]

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[1] Cohen, op. cit., p. 37.

It is important in planning nutritious snacks and meals for school-age children to consider the number of hours that the children are in care, the child's daily food intake at home and in school and the child's overall nutritional needs. Generally, "at least one nutritious meal is offered to each child in care for five hours or more and two nutritious meals to each child in care nine hours or more. A wholesome snack is offered between breakfast and lunch and between lunch and dinner. If a child is in the facility when a meal or snack is served, the child is offered the meal irrespective of how long he is in the facility for day care."[1]

Programs for school-age children should consider and make use of reference materials and services available through the School Lunch Program, the School Breakfast Program, the Special Food Service Program for Children, and the Special Milk Program. Surplus or commodity foods are available to the program that apply to the Department of Agriculture. The nutritional component of some programs for school-age children will include breakfast and afternoon snack; in other programs the nutritional service will provide lunch and afternoon snack. Program operators should be encouraged to research the availability of funds through such programs.

For additional information regarding the School Lunch Program, School Breakfast Program, the Special Food Service Program for Children, and the Special Milk Program, refer to Appendix I.

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[1] Department of Health, Education and Welfare, Federal Day Care Requirements, June 19, 1972, Draft, p. 2.

G. Parent Involvement

Recommendation -- Plans and requirements for parent involvement in after-school programs have to be determined. This is a component area in which the FIDCR could develop some minimum regulations and goal standards for the development of standards and their implementation. Parent involvement is acknowledged by centers, educators, and state and federal administrations to be an important aspect of the after-school program. However, it is also true that in many discussions of the role of parents in the operation of their children's centers, that there is often a discrepancy between the theory that it is desirable to have maximum parent involvement and the ability to implement this goal.

With such an important component the FIDCR should consider developing plans to work with individual states and to provide the appropriate state people with resources and information concerning the roles and rights of parents. States could then work with individual agencies and programs to determine a plan for the involvement of parents. Local programs could be helped to meet minimum regulation and goal standards through technical assistance efforts perhaps from state organizations.

Whether it be at the federal or state level a proper goal of protecting and encouraging the rights of parents in after-school program policy is necessary.

In the process of visiting various after-school programs, staff and parents reported that they believed that parental involvement is an important aspect of the program. They also stated that they thought that federal guidelines could be developed which could assist states. A number of options had to be available within each state so that given programs could develop innovative ways for supporting and involving parents and community groups. In the programs that were visited most of the parents were involved in outside work for a minimum of five to six hours a day. Obviously this influenced the time and energy these parents might be able to contribute to an after-school program. It was also argued that a plan for parent involvement in a center-based program would probably not be an appropriate plan for a family day care program.

Since the area of parent involvement is one about which various individuals have strong feelings and beliefs, a paper has been written which takes into account this issue. It also addresses the realities of involving parents in after-school programs. The resource paper written by Mickey Seltzer, addresses the following issues: Models of Parent Involvement for After-School Programs. Purposes of Parent Involvement, Suggested Areas of Parent Involvement, the Possible Role of the State in Involving Parents, and Monitoring and Contract Compliance.*

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* Prepared by Mickey Seltzer, 4-Committee Human Relations/Youth Resources Commission, 276 Washington Street, Brookline, Massachusetts.

The question arises as to what actually constitutes good parent involvement. Does it mean that parents are to be in the classroom on a regular basis to observe and to help with the children? Or should parents have the power to make decisions on staffing and program design, or policies which affect staff and parents? Should parents be asked to take or share the responsibility of proposal writing, budget preparation, and dealings with state licensing requirements? Some center administrators, simultaneously preparing glowing sections on parent involvement in their proposals for federal funds, maintain that parents should not be given the access to the inner workings of the center their children attend, that the day-to-day decision-making processes of the center are best left to those who know the intricacies of the system. If there exists any objective standard for determining the extent of parent involvement in federally funded day care centers for the school-age child, it is easy to come by in theory, but hard to find in practice.

Models of Parent Involvement for After-School Programs

Different models of after-school day care programs currently exist, each with its own emphasis on parent involvement -- Parents as Administrators and Parents as Advisors. The extent of parent involvement in each model is examined briefly in this paper and warrants more detailed study.

Parents as Administrators. Perhaps the most intense degree of parent involvement in after-school programs is experienced in centers that are generated and designed by the parents who will use the service. Parents negotiate the use of space, hire staff, keep records of financial affairs, initiate contractual agreements with the State Social Services Department, and are totally responsible for administrative procedures. This model functions best in a community where some of the parents are either self-employed or have part-time employment, in order that some of their time may be devoted to the time-consuming task of running the program. In many programs of this type, however, parents are working full-time in addition to running the program.

Although many parents feel sure that their involvement helps to create and to maintain a high level of quality in the program, problems of over-commitment and constant concern about the program are realities. The relative non-involvement of some parents in a program of this type poses a problem for the more active parents. Transitional periods are difficult, new parents must be recruited in order for the program to survive. The new parents, unlike the original incorporators of the program, may not have been as active or as knowledgeable as this first group. This necessitates careful transmission of information from the outgoing group to its successor.

Although parents in this type of after-school program

are acutely aware that their very need for good child care has propelled them into another job, that of running a program, the same parents express discomfort with the alternative of an administration of the program which might be removed from their control.

Parents as Advisors. A second model is that program which is service originated and administered by an operating and/or administering agency. The agency is responsible for all operating procedures and policies of the program. At the time of entry of a family into the center service, program goals and procedures have been determined. Presumably, parents choose one program over another because they are in agreement with the philosophy and style of the particular program. However, many parents may have little, if any choice, due to the lack of available alternatives in their community.

Parents in a center which is directed from the administrative level, are therefore in a position to react to, rather than to create, policy and goals. Programs of this type constitute the majority of after-school day care in Massachusetts and possibly on a national basis. Problems that have come to the attention of child care advocates and state officials center around: 1. the dissemination of information to parents regarding policy and procedure of the center, and 2. the resolution of problems in the center. Elements of these problems include: informing parents of a problem, either programmatic or external; taking seriously the parents'

suggestions to resolve problems; and the willingness of the administration to participate in a democratic process of problem solving.

Purpose of Parent Involvement. As has been previously noted, parents are a valuable resource to a center, the surrogate home for their children for a large percentage of the day. For parent-run centers, the involvement of the majority of the parents using the service is crucial to the program's existence. In centers where parents serve in an advisory capacity consideration must be given to the parents' awareness that they serve in a non-decision making capacity, if they serve at all. Parents who use day care services in order to work may feel some guilt at leaving a child all day. After-school programs, in which the time a child spends away from home is extended, magnify the parents' concern in some instances. It is beneficial that a center establish a workable plan for parent involvement which reflects the reality of the parents' daily lives; but it is also important that the center itself realize the contribution which parents can make to the quality of the service.

Staff Selection. Parents might have the responsibility and opportunity to participate in staff hiring. In addition there should be a written plan spelling out a grievance procedure for parents who feel the need to discuss problems regarding classroom or administrative matters which they believe adversely affect a child. Regular conferences with

staff could be arranged in accordance with the schedules of staff and parents.

Curriculum Design. The cultural diversity of the center families should be respected; parents' special backgrounds and interests should be tapped and reflected in the program. Many parents who feel intimidated during educational discussions which they may feel are beyond their areas of competence, nevertheless have special expertise in certain activity areas, especially valuable to the school-age child.

Parents can and should be involved in any area of the center's operation if they themselves indicate interest and willingness to be involved. Realistically, it must be acknowledged that not all parents are interested in or have time for participation, beyond the enrollment of the child in the after-school program. Until parents' employers recognize that employees are parents with children and have special needs -- i.e., time off to observe in their child's day care center, increased sick-time to be home with a sick child, etc. -- parents will not feel free to participate to the extent they may wish.

Federal requirements should most effectively be guidelines for the state and centers to use in developing good parent involvement policies. Centers applying for federal funds already must demonstrate plans for parent involvement. To ensure that these plans work, monitoring must be in place and functioning at a high level. The center itself, in

submitting an evaluation plan to the state agency, must expect that there will be careful scrutiny of its evaluations. Monitoring of the center's parent involvement plans and implementation thereof must be as effective as is the monitoring effort in areas of budget and licensing issues. The staff on the state level who are responsible for monitoring must be responsive to parents' complaints and should be held accountable for investigating problem situations. Deficiencies in compliance should elicit immediate response from the state agency; future contractual agreements between the program and the federal funding source must be evaluated if these deficiencies are not corrected within a certain specified amount of time. Programs should be helped to meet set standards through technical assistance efforts by the state and community advocacy groups who have assembled expertise in the after-school program field.

There will always be centers which strive to involve parents because parent involvement is an organic part of the program's philosophy. Other centers which do not share that philosophy will never fully be comfortable with federal guidelines on this subject. Ultimately, it may be parents who will force a center to change its focus. Finally, it is incumbent upon the state agencies to develop proper response mechanisms toward the goal of protecting and encouraging the rights of parents in after-school program policy.

H. Legal Liability of Day Care Providers*

Recommendation -- The FIDCR should mandate that the individuals who care for school-age children should be insured and thus be protected against liability suits. The insurance must be obtained by the agency, organization, or individual who is the provider of care. All staff members of center-based programs, including directors, teachers, aides, bus drivers, cooks, and janitors must be insured against liability suits.

In addressing and explaining this issue, Mr. William Aikman, Esq., Executive Director of the Massachusetts Center for Public Interest Law, Boston, Mass., has presented the following information.

Although the current Federal Interagency Day Care Requirements devote several pages to matters relating to the administration of day care programs, they do not even mention a concern which should be central to any well-administered program, no matter how large or small: the question of what types of legal liability the program - and its individual operators - are subject to and the manner and extent to which they should protect against this liability. This omission is especially odd since in the course of protecting themselves from the consequences of liability (which almost always involve financial loss) the operators are also providing an important protection for the children in the program.

* Prepared by Mr. William Aikman, Esq., Executive Director of the Massachusetts Center for Public Law, Boston, Mass.

Operators of day care programs subject themselves to an enormous range of potential legal liabilities any one of which could have a devastating impact on a program and on the personal finances of those who operate it. Included within this range are the following types of liability, all of which are applicable to every operator of a day care program.

1. Liability for <u>self-caused</u> injury to a child where the injury occurs in the facility. For example, injury a child sustains from falling on a slippery floor.

2. Liability for <u>self-caused</u> injury to a child where the injury occurs on the grounds outside the facility. For example, injury a child sustains from falling on icy steps or sidewalk.

3. Liability for injury <u>accidentally</u> caused by another person within the facility. For example, injury resulting from a staff member accidentally spilling boiling water on a child who ventures into the kitchen.

4. Liability for injury <u>accidentally</u> caused by another person on the grounds outside the facility. For example, injury which occurs when a staff member accidentally drops a child while playing on a swing.

5. Liability for injury <u>deliberately</u> caused by another person, either within or outside the facility. For example, injury resulting when a staff member or another child hits or slaps a child.

6. Liability for injury occurring while being transported to or from the facility in a vehicle operated by a staff member or on behalf of the facility.

7. Liability for loss of life or loss of property or for injury resulting from fire.

8. Liability for loss of property resulting from theft.

9. Liability for the consequences of misuse of funds provided by a government agency.

10. Liability for failure to comply with federal and state laws. For example, IRS penalties, state tax penalties, unemployment compensation assessments, social security contributions, etc.

In each of the above-described situations there exists the prospect of a very substantial financial liability being legally imposed upon the operator of the day care program. These liabilities are applicable both to operators of large day care centers and to very small family day care homes. In fact, they are potentially of much greater damage to family day care providers than to operators of centers since most centers are incorporated and thereby achieve a certain amount of protection from many sources of liability simply by virtue of being corporations.

There is no special connection between the imposition of these liabilities and the provision of day care services. These liabilities are created by the general legal rules governing "torts" (defined as injuries to the body or property of

a person which are caused by the acts of another person) as well as by the general legal rules governing the financial aspects of employment relationships. However, the applicability to day care situations is often not realized by day care providers and therefore it might be very useful if FIDCR made some mention of this area.

The principal mechanism for protecting against the financial consequences of these various sources of legal liability is through insurance. Insurance is available to protect against virtually every type of risk including all the most common risks confronting providers of day care services, whether in a family day care situation, a group home situation, or a day care center.

The insurance must be obtained by the agency, organization, or individual who is the provider; it cannot, under most circumstances, be obtained independently by individual staff members. The proper procedure for the provider would be to obtain insurance covering all staff members including not only teachers and aides but also personnel, such as cooks and janitors. The failure to recognize the need for insurance is one of the major administrative weaknesses of the day care movement and is one which characterizes all forms of day care services.

There seems to be two major reasons why day care providers do not carry insurance against the liabilities noted

above: first, lack of awareness that the potential liabilities exist and can, in many situations, be assessed against individual operators personally and, second, desire to avoid the cost of insurance. The prevalence of lack of awareness ("I never thought of it") as the operative reason is striking and illustrates how insertion of a recommendation in FIDCR might, at a minimum, serve as an issue-raising item. Concern over cost is often ill-informed, short-sighted or both. Many providers are surprised to find that the rates for some types of coverage aren't as exorbitant as they imagined; even where the rates are considered high, the danger which lack of insurance poses to the welfare of the children and to the finances of the operator should outweigh cost considerations in every situation except, perhaps, the one where the insurance cost literally cannot be borne. And, in that case, the provider should reconsider whether undertaking day care is a sensible activity.

There is a widespread notion that an effective alternative to insurance in some situations is to utilize "consent forms." Typically, a consent form is a preprinted note in which the parent states that the care provider has permission to do something, such as take the child on a "field trip" or drive the child home or administer medicine, without incurring any liability. The notion is that this form, when signed, relieves the provider of any legal liability if something goes wrong in the course of whatever activity the form permits. Under the law of many states, the form would have no such effect. Space does not permit an analysis of the various issues

affecting the validity of "consent forms," but it is clear that reliance on them for effective protection against liability for accident or injury is very much misplaced. (This is not to imply, however, that use of consent forms should be abandoned, but only that their very limited role should be understood. Certainly, it would be even worse if accident or injury occurred as a result of an unusual activity to which the parent had not consented.)

Since the current FIDCR document is silent on the general issue of legal liability and protection against liability, and since many providers are operating under the mistaken notion that consent forms afford an adequate protection, the lack of any recommendation in FIDCR regarding insurance must be viewed as a serious omission.

V. RECOMMENDATIONS FOR TYPES OF TECHNICAL ASSISTANCE WHICH THE FEDERAL GOVERNMENT COULD PROVIDE TO REGIONAL, STATE AND LOCAL AGENCIES

Given the diversity of the programs serving school-age children, there are some specific program components which should not necessarily be mandated, but which should be promoted by technical assistance from the Federal Government. Issues that warrant further consideration include:

A. Serving Children with Special Needs in Programs for School-Age Children

B. Collection of Information on Community Resources.

C. Informational Materials and Packets which Identify Some of the Potential Problems for School-Age Children.

A. Serving Children with Special Needs in Programs for School-Age Children

Recommendations -- Diffendal reports that "day care for the older, handicapped child is virtually non-existant, even in the family day care home setting."[1] Actually, however, center-or home-based programs for school-age children are a natural place to integrate children with special needs. A program which supplements the children's daily educational experiences in a setting where children can be together, appreciate one another and be involved in leisure-time activities is a natural opportunity for mainstreaming to take place.

In Sweden the leisure time centers serve several children with a broad range of problems such as mental retardation, birth defects, emotional problems, physical disabilities. Because it is recognized that children learn from living, playing, and imitating one another, handicapped children are placed with non-handicapped children in order to help them to respond to events as other children their age. Handicapped children are not isolated in a program where a limited norm of behavior is expected. In leisure time settings in Sweden, Bergstrom observed handicapped and non-handicapped children playing dominoes, checkers, educational games, table-tennis, creating three-dimensional objects, collecting stamps and designing textiles. The design of the indoor and outdoor facilities

[1] Diffendal, op. cit. p. 2.

allowed children in wheelchairs to move about freely.[1]

In order for handicapped and non-handicapped school-age children to be enrolled in the same programs, the overall design of the indoor and outdoor settings must be considered. Environmental design and redevelopment would be facilitated if staff members of programs serving children of various ages were able to obtain and review blueprints and design layouts of model program facilities. In Sweden, such blueprints are available from the National Board of Health and Welfare and the National Swedish Institute for Building Research in Stockholm, Sweden.

In providing technical assistance regarding children with special needs and environments for handicapped children, the administering agency or state or federal government could give information regarding research projects and reference materials. For example, Joseph P. Kennedy, Jr. Foundation is concerned with the development of playgrounds, specifically for retarded children. Information on adventure playgrounds for the handicapped may be obtained from the Secretary, Handicapped Adventure Playground Association, London, S.W. 31. Planning for Play by Lady Allen of Hurtwood has a chapter called "Play for Handicapped, Subnormal and Maladjusted Children."

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[1] Joan Bergstrom, Report of Observations of Visits to Swedish Leisure-Time Centers, 1971 and 1975.

B. Collection of Information on Community Resources

Recommendations -- Staff members of center-based programs as well as family day care providers would benefit from information regarding community resources and recreational facilities and leisure time activities which might be of interest to school-age children. Individual programs could benefit from guidelines as to how to collect, organize, and disseminate information.

Although many programs for school-age children could benefit from knowing about community resources and recreational facilities, such information is critical to the home-based program. Diffendal reports that

> Even if community recreation facilities and activities are available, the provider may be unaware of their existence and may not have adequate training herself to provide special or "developmental" activities for the children in her care. Lack of information about available resources is a frequent consequence of the isolation of most family day care providers from other providers or from any supportive services. The potential for family day care homes as a flexible, adequate and, in many instances, preferred source of care for school age children has not been realized. Very recently attempts have been made to link family day care homes into systems for school age children which share toys, coordinate provider leave time, provide training, purchase supplies on a group basis, etc. Even such minor "system" linkages as a central referral point or a clearing house for day care placements, which also serves as an information center to providers on other community resources, would be an addition which could improve the capability of day care homes to deliver school age care.[1]

[1] Diffendal, op. cit., pp. 22-23.

C. Information Materials and Packets Which Identify Some of the Potential Problems for School-Age Children

Recommendation -- Information could be available on some of the areas which have been identified as potential problems for school-age children. Facts, figures, formats for educational programs for school-age children and possible plans to consider for the prevention of such problems could be extremely useful for both professionals and parents. Some topics for which informational packets could be developed are:

--Alcoholism

--Drug Use and Addiction

--Juvenile Running Away

--Teenage Pregnancy

--Overexposure to Television and Its Effects on the School-Age Child's Social, Emotional, and Cognitive Development

--Nutritional Needs and Eating Habits

Since the key to solving many of these issues and problems lies in education, it is important that up-to-date materials be available to professionals and parents dealing with these issues. Such information would be of especially great value if used as part of a serious preventive effort. After-school programs can play an important role in helping children establish constructive and creative patterns of behavior. Professionals as well as parents can benefit from increased understanding of the causes and nature of the problems

facing a growing number of today's school-age children. In the course of preparing this report, two papers were developed which deal with some of these areas.

Appendix G -- Overexposure to Television and Its Effects on School-Age Children.

Appendix H -- Obesity and School-Age Children.

VI. REFERENCES USED FOR PREPARATION OF PAPER

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APPENDIX A Consultants and Resource People

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46 Austin Street
Newtonville, Mass. 02160

William Aikman, Esq.
Director
Massachusetts Center for Public Interest Law
4 Park Street
Boston, Mass.

Dr. Jerry Haas, M.D.
Medical Director
South End Community Health Center
1560 Washington Street
Boston, Mass.

Pat Kearney
Dietetic Intern
Frances Stern Nutrition Clinic
New England Medical Center Hospital
Boston, Mass.

Nancy King
Parent Consumer
Brookline Children's Center After-School Program
Brookline, Mass.
(Assistant Professor
Wheelock College
Boston, Mass.)

Harriet Malick
Associate Professor of Education
Wheelock College
Boston, Mass.

Fern Marx
Community Representative
Newton-Wellesley-Weston Council for Children
Office for Children
Newton, Mass.

Ruth Palombo, R.D., M.S.
Assistant Director for Patient Services
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New England Medical Center Hospital
Boston, Mass.

Jackie Scott, Principal
Cambridge Montessori School
161 Garden Street
Cambridge, Mass.

Mickey Seltzer
Brookline 4-C's
Human Relations-Youth Resources Commission
276 Washington Street
Brookline, Mass.

APPENDIX B List of Organizations or Individuals Contacted Regarding the Needs of and After-School Programs for School-Age Children

1. Child Welfare League of America
   67 Irving Place
   New York, New York 10010

2. American Academy of Pediatrics
   1801 Linman Avenue
   Evanston, Illinois 60204

3. American Association of Elementary Kindergarten and Nursery Education
   NEA Center
   1201 Sixteenth Street, N.W.
   Washington, D.C. 20036

4. American Camping Association
   Bradford Woods
   Martinsville, Indiana 46151

5. American Home Economics Association
   1600 Twentieth Street, N.W.
   Washington, D.C.

6. Association for Childhood Education International
   3615 Wisconsin Avenue, N.W.
   Washington, D.C. 20016

7. Bank Street College Publications
   69 Bank Street
   New York, New York 10014

8. Child Study Association
   9 East 23rd Street
   New York, New York 10010

9. Day Care and Child Development Council of America
   1420 H Street, N.W.
   Washington, D.C. 20005

10. Family Service Association of America
    44 East 23rd Street
    New York, New York 10010

11. National Association for the Education of Young Children
    1834 Connecticut Avenue, N.W.
    Washington, D.C. 20009

12. National Federation of Settlements and Neighborhood Centers
    232 Madison Avenue
    New York, New York 10016

13. Office of Child Development
U.S. Department of Health, Education and Welfare
Washington, D.C. 20201

14. Office of Economic Opportunity
1200 19th Street, N.W.
Washington, D.C. 20036

15. Play Schools Association, Inc.
120 W. 57th Street
New York, New York 10019

16. Public Affairs Committee, Inc.
361 Park Avenue South
New York, New York 10016

17. Boy Scouts of America
New Brunswick, New Jersey 08902

18. Boys Clubs of America
771 1st Avenue
New York, New York 10017

19 Girl Scouts of America
830 3rd Avenue
New York, New York 10022

20. Y.M.C.A.
Grand Central Branch
224 E. 47th Street
New York, New York 10017

21. Y.W.C.A.
600 Lexington Avenue
New York, New York

22. Community School Programs
National Center for Community Education
1017 Avon Street
Flint, Michigan 48503

23. Marilyn Smith, Executive Director
National Association for the Education of Young Children
1834 Connecticut Avenue, N.W.
Washington, D.C. 20009

24. Bureau of Publications
Teachers College
Columbia University
New York, New York

25. National Recreation Association
315 South Avenue
New York, New York

26. New York Committee on Mental Hygiene
105 East 22nd Street
New York, New York

27. Science Research Associates, Inc.
57 W. Grand Avenue
Chicago, Illinois

28. Dr. Hershel D. Thornburg
Department of Educational Psychology
College of Education
University of Arizona
Tucson, Arizona 85721

29. National Alliance Concerned with School Aged Parents
(NACSAP)
Bethesda Air Rights Building
5 Wisconsin Avenue Suite 211W
Washington, D.C. 20014

30. Edythe Newbauer, Director
Day Care Services for Children, Inc.
3030 W. Highland Blvd.
Milwaukee, Wisconsin 53212

31. Eleanor M. Hosley
Executive Director
Day Nursery Association of Cleveland
2084 Cornell Road
Cleveland, Ohio 44106

32. Miriam Kalmans, Director
Neighborhood Centers - Day Care Association
9 Chelsea Place
Houston, Texas 77006

33. Mrs. Docia C. Zavitkovsky, Director
Santa Monica Children's Center
1532 California
Santa Monica, California 90403

34. Mr. William Van der Does, Director
Women's League, Inc. Day Care Center
1695 Main Street
Hartford, Conn. 06120

Wheelock College has agreed to study the Federal Interagency Day Care Requirements, presently mandated by the United States Department of Health, Education and Welfare, as they apply to after-school programs for school-age children. The current Federal Interagency Day Care Requirements, published in September 1968, apply to programs receiving funds from the Department of Health, Education and Welfare and the Departments of Labor, Housing and Urban Development and the Community Services Administration. An evaluation of the appropriateness of the FIDCR has been mandated by Title XX of the Social Security Act, passed in January 1975.

In researching and assessing the appropriateness and feasibility of the current requirements, we are reviewing a range of materials which relate to after-school programs and the topic of school-age children. To be more specific, information concerning the following broad categories is needed:

--The school-age child's need for day care -- center-based and family day care programs.

--The major risks which six to fourteen year old children face, such as: obesity, child abuse, alcoholism, drug use and addiction, suicide, running away, juvenile delinquency, pregnancy and the disorganization or disintegration of the nuclear family.

--Standards which should be met by programs for school-age children:
-day care facilities
-environmental standards
-parent involvement
-staff training
-administration and coordination
-evaluation

--Services which should be provided by after-school programs for children six to fourteen years of age:
-educational services
-social services
-health and nutrition services.

200 The Riverway, Boston, Massachusetts 02215, (617) 734-5200

Could you recommend any relevant books, pamphlets or filmstrips to e reviewed or any innovative after-school programs to be investigated? f you have any experiences or written materials which you would like o share, we will be certain to give you proper recognition. Also, if ou prefer to talk with us on the telephone regarding programs or eferences, please send us a note and we will arrange to talk with you t your convenience.

We sincerely appreciate your dedication to young children and their amilies. Thank you for sharing your knowledge with us and informing us bout existing references and programs.

Sincerely,

Donna L. Dreher

Donna L. Dreher
Research Associate

Joan M. Bergstrom

Joan M. Bergstrom, Ed.D.
Project Coordinator
Chairperson,
Early Childhood Education
Department

3:ns

Wheelock College

September 29, 1976

Wheelock College has agreed to study the Federal Interagency Day Care Requirements, presently mandated by the United States Department of Health, Education and Welfare, as they apply to after-school programs for school-age children. The current Federal Interagency Day Care Requirements, published in September 1968, apply to programs receiving funds from the Department of Health, Education and Welfare and the Departments of Labor, Housing and Urban Development and the Community Services Administration. An evaluation of the appropriateness of the FIDCR has been mandated by Title XX of the Social Security Act, passed in January 1975.

In researching and assessing the appropriateness and feasibility of the current requirements, we are reviewing a range of materials which relate to after-school programs and the topic of school-age children. We are seeking information about existing programs serving school-age children and their families. The collected data will give us an indication of the range of services and the components of programs currently in operation.

We would appreciate it if you would complete and return the enclosed form to Donna Dreher, Research Associate, 45 Pilgrim Road, Boston, Mass. 02215 Please include any other appropriate information as it pertains to the program with which you are affiliated. Thank you very much.

Sincerely,

Donna L Dreher

Donna L. Dreher
Research Associate

Joan M. Bergstrom

Joan M. Bergstrom, Ed.D.
Project Coordinator
Chairperson,
Early Childhood Education
Department

APPENDIX E Questionnaire Sent to After-School Program Representatives and Used as a Basis for Discussion on Site

Program
Address
Telephone Number Contact Person

Affiliations with agencies, school systems or other programs

Hours of operation

Months in operation each year

Physical setting of the program

Availability of transportation

Population being served by program

Number of children enrolled

Ages of children enrolled

Separation of children according to age group

Number of children in each age group

Requirements for enrollment of children in addition to age

Information on cost and fee structure of program

Cost of program to parents of enrolled children

Availability of sliding fee scale or financial aid

Range of services available

Educational

Health and Nutrition

Counseling and Social Services

Extent to which parents are involved in the program

Extent to which staff members have contact with the elementary school(s) in which the children are enrolled

Relevant information as it relates to staffing

Staff-child ratio

Basic qualifications of staff members

Involvement of volunteers

Supports and training available for staff and volunteers

Additional information

APPENDIX F

ERIC Computer Search: Programs and Services for School-Age Children

An ERIC computer search for documents and journal articles pertaining to before- and after-school programs and the needs of school-age children was performed. In order to obtain a comprehensive reference listing, many relevant descriptors were used. The first section of the search was done using the following descriptors:

After School Activities
After School Centers
After School Programs
After School Education

A listing of 138 references was obtained through the use of these descriptors. The complete printout follows in section I.

Additional references were obtained by checking the listings in two additional distinct areas. When the categories of

Child Care Centers
Day Care Centers
Day Care Services

were combined with

After School Activities
After School Centers
After School Programs
After School Education

a total of 15 references were found which relate to both of these categories. All of these references are listed in section II of this appendix.

Finally, additional references were obtained by using some of the descriptors listed above as well as descriptors pertaining to another distinct category. When the items

Educational Facilities
Recreational Facilities
Recreational Programs
Recreational Activities

were combined with

After School Activities
After School Centers
After School Programs
After School Education

a total of 13 references were found which relate to both of these categories. All of these references are listed in section III of this Appendix.

In conclusion, the computer printout which follows is a comprehensive list of the 166 educational manuscripts and articles which relate to the topic of day care for school age children. These articles were written from 1966 to 1976 inclusive.

APPENDIX G Overexposure to Television*

Over the past 30 years, television has unquestionably become one of the most pervasive influences in American life. Few young adults can remember a time when there wasn't a TV set in their home. Today, over 97 percent of all American households have at least one set, more homes, in fact, than have access to indoor plumbing. The impact of such a force on our lives warrants examination.

*Prepared by Action for Childrens Television, Newtonville, Mass.

Action for Children's Television (AC) has been taking a closer look at the television industry for the last seven years. The national consumer organization is working to improve broadcast practices related to children through education, research, and legal action. ACT was begun by parents, teachers, physicians, and television professionals who were brought together by a common concern for children and how they are affected by what they see on television. The group, concerned about the excessive violence on children's television, discussed how to make children's programming a constructive force, and how to change the climate of decision making which had resulted in so much brutality and so little diversity in programs for children.

Recent statistics clearly point out the degree to which young children watch television. For example, Dr. Robert Liebert, Professor of Psychology at the State University of New York, noted that "children in the primary grades were found to watch between 15 and 25 hours a week, older children about 25 hours, and junior high school students watched over an hour more each day than those in senior high."[1] Preschoolers now spend about one-third of their waking hours watching TV, an activity which consumes more of a child's time than any other except sleep. By the time a child finishes high school, he has spent about 15,000 hours in front of the set and 12,000 hours in the classroom. Put another way, by the time a young person reaches age 18, she has spent two full years of her life watching television.

A fairly common misconception is that the vast majority of a child's weekly television consumption on Saturday mornings. Recent study has found that less than 10 percent of the 25 hours the average child spends in front of the set per week takes place on Saturday, the time period categorized as "prime time children's television." However, the Saturday morning menu is clearly geared towards youngsters who, realistically, are the only major audience that advertisers can capture in that time period. And so, the networks schedule hour after hour of animated and live action programs designed exclusively for this constituency.

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[1] Robert M. Liebert, John M. Neale, Emily S. Davidson, The Early Window (New York: Pergamon Press Inc., 1973), p. 9.

The bulk of a child's remaining viewing hours takes place after school. On the networks and independent stations, this 3 p.m. to 6 p.m. slot is usually occupied by soap operas, game shows, talk shows, and reruns of adult situation comedies. On Public Broadcasting Stations, however, the offerings are substantially better. Freed from commercial pressure, the time is filled by programs far more appropriate to the child audience. Here there are "age specific" shows for different age groups which are designed to promote learring, interpersonal understanding, and creative entertainment.

After-school programs aired on the independent, or UHF, stations are seldom appropriate for young viewers. Dr. F. Earle Barcus of Boston University's School of Public Communications conducted an ACT-sponsored nationwide study of programming and advertising to children on independent stations and found that approximately 68 percent of the programs aired on the outlets during the afternoon had been "relabelled" for children. That is, they were reruns of adult, prime-time shows not originally designed for children. Yet he found that on the average, nearly two-thirds of the audience for these programs are children between the ages of two and eleven.

There are, of course, notable exceptions. Both the ABC "Afterschool Specials" and NBC's "Special Treat" are examples of network commitments to schedule quality programming for young people in the afternoon hours. What becomes apparent, though, is that broadcasters see children not so much as an audience to program for but as a "market" to sell to. It is

in this context that the industry puts its "creative" energies to maximum use.

Progress is being made in terms of reducing the number of ads shown on children's TV, but there is still much to be done in the equally important areas of content and presentation. Children are the objects of a 400 million dollar a year advertising assault. They are inundated by ads for toys, cereals, candy, record offers, movies, amusements, and fast food chains. It is obvious that advertisers have not made this kind of investment to attract the 25 or 50 cents from a child's allowance. In reality, the parents are the purchasers, and the children play the role of surrogate salesmen, the advertisers' personal representatives in the home.

Although most ads are constructed to appeal to adult patterns of logic, current research suggests that children do not develop full cognitive understanding of television advertising until as late as age eleven. Both parents and child professionals have begun to question whether children should be the objects of advertising messages at all. The reasons are varied: that children are psychologically unable to assess the value of product differences; that they lack the maturity of judgment and sophistication to evaluate manufacturer's claims; that they are not the actual purchasers of the product; that they are made to want expensive toys despite their limited knowledge of their family's economic situation; and further, that the constant bombardment of commercials to acquire things induces materialism, frustration, and family friction.

TV commercials cause considerable confusion in the minds of children too young to comprehend the often subtle differences between programs and advertisements. Whereas adults may be inclined to leave the room during commercial breaks to do something else, children are apt to stay and watch, perceiving the ads as a further extension of the "entertainment."

There are potential dangers inherent in television viewing that are magnified especially for children who suffer from overexposure to the medium. A major problem that arises with too much exposure to television is a confusion of reality on the part of the viewing child. TV helps to form an image of the world in the mind of the child that may be terribly distorted. Reflected in that image is a world where good always triumphs over evil, where to own a certain toy gives you instant status and acceptance, where the few women, blacks, or minorities portrayed never do anything of significance, where the consumption of candies and super-sweet cereals leads to health and happiness, and where violense is the law of the land.

Advertisers don't market moderation. They don't suggest that a particular toy may be too expensive for the family budget. They don't warn that too much candy can lead to cavities or weight problems. They don't volunteer the information that sweet cereals do not contribute to a balanced, nutritious diet. Broadcasters all too rarely show children an accurate picture of the world they live in. Male characters predominate in leadership roles. In cartoons, animals are more

apt to have speaking parts than blacks. The vast majority of events take place in the United States. What kind of picture of society does a child develop with this kind of constant input?

Another primary concern is how children are affected by the preponderance of violence in television programs. In his study of "Television in the Afternoon Hours," Dr. Barcus found that six out of ten stories in the programs he monitored contained some observable act of violence, and three in ten were "saturated" with it.[1] Violence perpetrated with weapons was the most common type, and was most frequently directed against other humans, especially in cartoon comedies. This raises serious questions about how children react to what they see. Dr. George Gerbner and Dr. Larry Gross of the University of Pennsylvania's Annenberg School have conducted annual "Violence Profiles" which measures "trends in network television drama and viewer conceptions of reality." They found that:

> ....heavy viewers significantly overestimated the extent of violence and danger in the world. Their heightened sense of fear and mistrust is manifested in their typically more apprehensive responses to questions about their own personal safety, about crime and law enforcement, and about trust in other people.[2]

A further concern that arises when considering the amount of time a child spends watching television is that all

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[1] Ibid., pp. 19-20.

[2] George Gerbner, Larry Gross, Violence Profile No. 7: Trends in Network Television Drama and Viewer Conceptions of Social Reality 1967-1975 (Philadelphia: Annenberg School of Communications, University of Pennsylvania, 1976), p. 9.

too often this occurs at the expense of other forms of activity. A child who watches 25 to 30 hours a week forms a passive partnership with the tube that often precludes his doing more productive things such as reading, writing, listening to music, or interacting with other children and adults. The TV may provide instant entertainment but what does it do over the long range in terms of a child's sense of creativity and initiative?

Historically, American society has provided special protection for its children. We have made provisions, among others, for child labor laws, restrictions of the legal drinking age, and laws governing the ability of minors to enter into contracts. But in the area of television, where the scope and impact of the medium is so profound, we have allowed lax and almost non-existent standards to govern. The responsibility for higher quality and more rigid regulation is a joint one, to be shared by broadcasters and parents alike. Television is not a passing fancy, it is here to stay. We have a duty to ourselves and to the future to insure that it is developed to its full potential and not merely allowed to perpetuate the status quo.

The extent to which television influences children of all ages in our society mandates the involvement of all citizens in establishing quality controls. Parents and teachers should watch what their children watch. They should talk about television with their children and discover more about what they are learning. They should lobby for quality in programming and advertising. A realistic appraisal of television's

influence in the lives of this country's young people requires thoughtful but unyielding action by ACT and other adult advocates. As caretakers of the next generation, all concerned citizens must pose some of the questions that the broadcasting industry is reluctant to ask. What are children learning about themselves from their constant exposure to the images revealed over the public airwaves? In its failure to provide a rainbow of choices for young people, does the medium reinforce stereotyped roles? Why do industry regulations permit more advertising to children than to adult viewers? How are young people being affected by their exposure to commercials that promote products which are potentially dangerous to them - from heavily sugared foods and unsafe toys to over-the-counter drugs and household cleaning products with child warnings on the label? These are some of the questions that ACT has been raising for seven years.

APPENDIX H Obesity and School-Age Children*

Obesity or overnutrition is a risk which school-age children face. In considering the scope of the problem, the following topics must be addressed:

--Prevalence of obesity;

--Nutritional needs and deficiencies of obese children;

--Reasons for the occurrence of obesity - childhood habits and patterns;

--Some problems related to obesity in children.

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1. Definition, Prevalence, and Etiology of Obesity

Obesity is defined as an excess accumulation of adipose tissue in the body. This should not be confused with the term overweight, which is excessive heaviness. Overweight may be a result of increased muscle mass and no excess fat as in the case of athletes or may include an excessive amount of body fat. An index of obesity should reflect only body fatness. It should not include height, muscularity, or skeletal mass.[1] The estimation of fat rather than weight alone is an important parameter in evaluating nutritional and bodily status in childhood and adolescence. A weight increase may mean protein growth alone, growth and fat accumulation, fat accumulation alone, or during spurts, a growth increase, and fat decrease.[2] In general, obesity is usually regarded as being 20 percent above the ideal weight. Since this standard for evaluation is very vague during the changeable childhood and adolescent years, the use of anthropometric

[1] George Mann, "The Influence of Obesity On Health (First of Two Parts)," New England Journal of Medicine, July 25, 1974, Vol. 291, No. 4, p. 182.

[2] R. S. Goodhart and M. E. Shils, Modern Nutrition in Health and Disease. 5th ed. (Philadelphia: Lea and Tebiger, 1973), p. 613.

measures such as skinfold thickness measurements gives a good indication of both subcutaneous (50 percent of total fat) and total body fat. Results from various studies are:

a. Gschneider and Roberuck (1960), Study of Iowa school children: boys - 11 percent obese, girls - 17 percent obese.[1]

b. Study in Newton-Brookline, Mass. public schools (1952-1953); 10 percent children obese. A later survey in the late sixties showed an increased prevalence in obesity by over 20 percent. In general more children were stocky than slender, and more girls fell into the stocky range than boys.[2]

c. Study of 12,000 schoolchildren: 30 percent of the children were more than 20 percent overweight.[4]

d. Study of adolescents: boys - 9.5 percent overweight; girls - 12.5 percent overweight.[3]

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[1] M. McWilliams, Nutrition for the Growing Years (New York: John Wiley and Sons, 1967), p. 163.

[2] R. S. Goodhart and M. E Shils, op. cit., p. 628.

[3] H. A. Guthrie, Introductory Nutrition (St. Louis: C. U. Mosely Co. 1975), p. 436.

[4] M. McWilliam, op. cit., p. 161.

The etiology of obesity is complex. When an individual is obese, normal body weight is not regulated. Obesity is due to overeating, reduced activity or a combination of both factors. Rarely is obesity due to metabolic disturbances.

2. Nutritional Needs and Deficiencies of Obese Children

a. Vitamin A - This vitamin is usually low, although it appears to be more adequate in the autumn and after an adequate summer camp diet with children tested.

b. Vitamin C is usually low. 50 percent of the children studied were found to be low.

c. Vitamin D was the nutrient most lacking in the Bowes study. Low levels in the blood serum peaked in boys at age fourteen and in girls at age eleven.[1]

d. Calcium deficiencies were prevalent. Calcium for bone growth and good teeth is needed and it is particularly important for females in cases of early pregnancy. An adequate replacement may take six months to overcome the deficiency. During the teen years emotional stress may cause calcium to be stored ineffieiently.[2]

e. Protein is needed especially in times of rapid growth.

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[1] Johanna T. Dwyer and Jean Mayer, "Overfeeding and Obesity in Infants and Children," Nutrition Dietician No. 18, p. 142.

[2] Ibid., p. 128.

i. Food Availability

Food is abundant in American Society. It is readily available at home, at school, the corner store, recreational areas, restaurants, and most public buildings. "Snacking" is a major pastime among the youth. Snack foods such as chips, tonic and candy bars are high in calories and low in nutrients. Vending machines, snack bars, and corner stores offer these quick, convenient "treats" for those on the go or those who need somewhere to go. Advertisements persuade one, especially a child, to buy certain foods.

ii. Social Aspects

Food and drink are associated with socializing and hospitality in our society. Eating favorite foods with friends gives one a sense of group identity and belonging. When we entertain people, usually some food or beverage is served. We often socialize with friends around a meal or snack. Meeting with the gang after school frequently centers around food. The goods consumed at these times are often high calorie, such as tonic, french fries, candies, ice cream and pizza. Boredom may also contribute to obesity. Many

children and adolescents eat or go to snack bars or stores for lack of anything better to do with their time.

iii. Family Patterns

Studies have shown that overweight children more often have overweight parents than do normal weight children.[1] This may be explained by heredity and/or the fact that family food patterns are learned and adopted by children. Approximately 80 to 90 percent of overweight children become overweight adults.[2] Proper dietary choices don't happen by chance or common sense -- they must be learned. Food patterns are closely linked to general behavior patterns and emotions.[3] Cultural attitudes concerning weight and child rearing practices may also contribute to childhood obesity. Parents often use sweets as reward foods. As a result, empty calorie foods rather than fruits or vegetables become the coveted foods.

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[1] Johanna T. Dwyer, and Jean Mayer, "Overfeeding and Obesity in Infants and Children," Nutrition Dietician No. 18, p. 129.

[2] George V. Mann, "The Influence of Obesity on Health" (Second of two parts), New England Journal of Medicine, Aug. 1, 1976 Vol. 291, No. 5, p. 229.

[3] Ibid., p. 228.

Overweight children are often chastized for being fat by family and friends. Often high-calorie foods are available at home and offered by parents or friends: this sabotages the child's dieting efforts.

Another common occurrence is the overweight parent projecting his/her self-image on the child by using the mutually inclusive pronoun "we."

iv. Infant Feeding

Infant feeding practices set the stage for future obesity. Excess weight gain during early infancy has been associated with an increased incidence of obesity during the later years of childhood. Likewise, obesity in later childhood tends to persist and approximately 80 percent of all obese children become obese adults. It has also been suggested that fat cell number becomes fixed during infancy and childhood. Thus, it is important to control obesity during these critical periods of development and prevent the proliferation of excess fat cells which will dispose the individual to obesity for life. According to Hilde Bruch, a child may grow up unable to differentiate feelings of

hunger and satiety if he/she is overfed as an infant, i.e., if the infant is fed whenever distressed. Mothers often wish to quiet a child momentarily rather than discover what is really the problem or offer as more appropriate kind of attention than food, such as playing with infant or holding infant.

v. Food Habits and Patterns

Dietary problems can be a result of snacks, binges, holidays, weekends, eating out, desserts, choice of food, portion size.[1] Children skip breakfast for the following reasons: don't like it, too much trouble, not enough time. This is significant in the late morning when fatigue sets in: the child is not mentally and physically alert and the school performance decreases.

Irregular meal schedules often result in increased snacking (or sometimes visa-versa).

vi. Activity

Inactivity appears to be the crux of the

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[1] Ibid., p. 262.

[2] Ibid., p. 262.

problem rather than overeating. Many children spend more time eating than in vigorous physical activity. Factors contributing to decreased activity are: maternal/paternal chauffering and bus rides; television watching; telephone; lack of available sports facilities; safety--outside play has decreased. Reasons given by adolescents for decreased activities are:[1]

--(40 percent) no time
--no facilities
--no enjoyment
--no one to do it with
--"feel awkward"

Dr. Jean Mayer found that the obese exercised with less enthusiasm than the non-obese thus resulting in less actual exercise for a given time period. Obese children spent approximately one-third as much time engaged in exercise as their non-obese peers. Their weight also caused them to be more awkward, less skilled, and less apt to participate in sports.[2]

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[1] Ibid., p. 262.

[2] Ibid., p. 262.

vii Personality characteristics

Obese children may exhibit personality characteristics such as: self-blame, withdrawal, passivity, inferior feelings, sensitivity about one's status, distorted body image, preoccupation with weight, tendency to blame all failures and disappointements on weight, lack of family support and increased tension.[1]

viii Motivation

Two conflicting forces may result in the adolescent's rejection of sound nutritional advice: desire for slimness of physique and independence.[2] The adolescent is prey to fad diets and bizarre eating regimes. Obesity may trigger an attitude of defeatism. This has a cyclic function and the child may further withdraw from sports and social activity. This further reduces caloric utilization. In some cases the child or adolescent may even eat more than he usually does. The child may be motivated to lose weight to prevent name-calling and/or to alleviate

[1] H.A. Guthrie, op. cit., p. 439.

[2] M. McWilliams, op. cit., p. 162.

physical discomfort. The obese child may be more sluggish and lethargic which may affect attentiveness and performance in school.

4. Problems Related to Obesity in Children

a. Emotional

A variety of emotional disturbances and psychological factors contribute to obesity.

i. Depression

Depression can be caused by obesity or obesity may be caused by depression and trauma. There is a definite relationship between obesity and trauma and anxiety. Obesity is often a means to relieve tension. In a certain case study a sixteen-year-old female gained 175 pounds, in one year following her father's heart attack.[1] It is often used as a protection against more serious mental illness.[2]

ii. Security

Obesity often protects the child from tension and emotional problems. If the weight "shield" is taken away before the child reaches maturity and emotional security, it

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[1] Johanna T. Dwyer, Felix P. Heald, Felix E. F. Larocca and James Sidbury, "When a Child is Too Fat," Parental Care, Vol. VIII, #6, (March 15, 1974), p. 162.

[2] Hilde Brush, "Emotional Aspects of Obesity in Children," Pediatric Annals, May 1975, Vol. 4, No. 5, p. 95.

may be damaging. However, it is important to differentiate this situation from the one in which the weight is the cause of the problem.[1]

iii. Family Conflicts

A child might become obese as a reaction to family conflicts. One sign of the child having an emotional disturbance is if he/she is the only overweight person in the family.

iv. Peer Attitude

The obese are made fun of by other children. They won't associate with them and they call the fat children names. This leads to a further reduction in activity and anti-socialization. Organized programs for weight reduction are frowned upon by peers. The obese are reluctant to join. In addition, the obese experience embarrassment over dieting or being "different." Obese children are sensitive to the attitudes of society that look at the conditions as a social license reflective of inferior morals, no "will power," and a comic, superficial personality.

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[1] Johanna T. Dwyer, Felix P. Heald, Felix E.F. Larocca and James Sidbury, "When A Child is Too Fat," Parent Care, Vol. VIII, #6, (March 15, 1974), p. 162.

v. Self Image

Most obese children are discontented with one or more aspects of their body. They regard themselves as larger, not just fatter.[1] The factual reporting of weight was more accurate in studies among adolescent boys than girls. This is an indication of the realization of true body image.

vi. Sexual Adjustment

Weight is often used as a defense for avoiding contact with the opposite sex.

b. School-Related Problems

i. The lack of breakfast may have an impact on performance in school.

ii. The child may be overconscious of his/her weight and spend more time fixing clothing and adjusting position than paying attention to teacher. This leads to decreased performance.

iii. An obese child or adolescent often feels inadequate, different from other children, and has poor self-esteem. This already existing bad feeling about oneself, coupled with a need to be independent from the

[1] Ibid., p. 19.

family may often lead the obese child into unacceptable actions and delinquent behaviors. A gifted child may be intellectually gifted or talented, but very few fulfill the promises of their early achievement.

vi. The obese child may slip into a shell and the weight may become his/her security. Drugs or alcohol may seem to offer a temporary escape from this shell.

5. Conclusion

Table 1, "Genetic and Environmental Factors Contributing to Obesity," is an illustration of problems and factors which both contribute to and are related to childhood obesity. The frequency of the occurrence of obesity and its influence on the child's physical, social, emotional and cognitive development mandate that preventive measures be taken and that programs be planned for school age children, both obese and non-obese.

Programs for school-age children may have an impact on the obesity-cycle as they provide children with opportunities to engage in a range of activities and to interact with their peers. Given the reported data, increased physical activity and the absence of junk food could be, in themselves, effective measures in preventing and treating obesity in children as well as means to teach lifelong good health and nutritional practices.

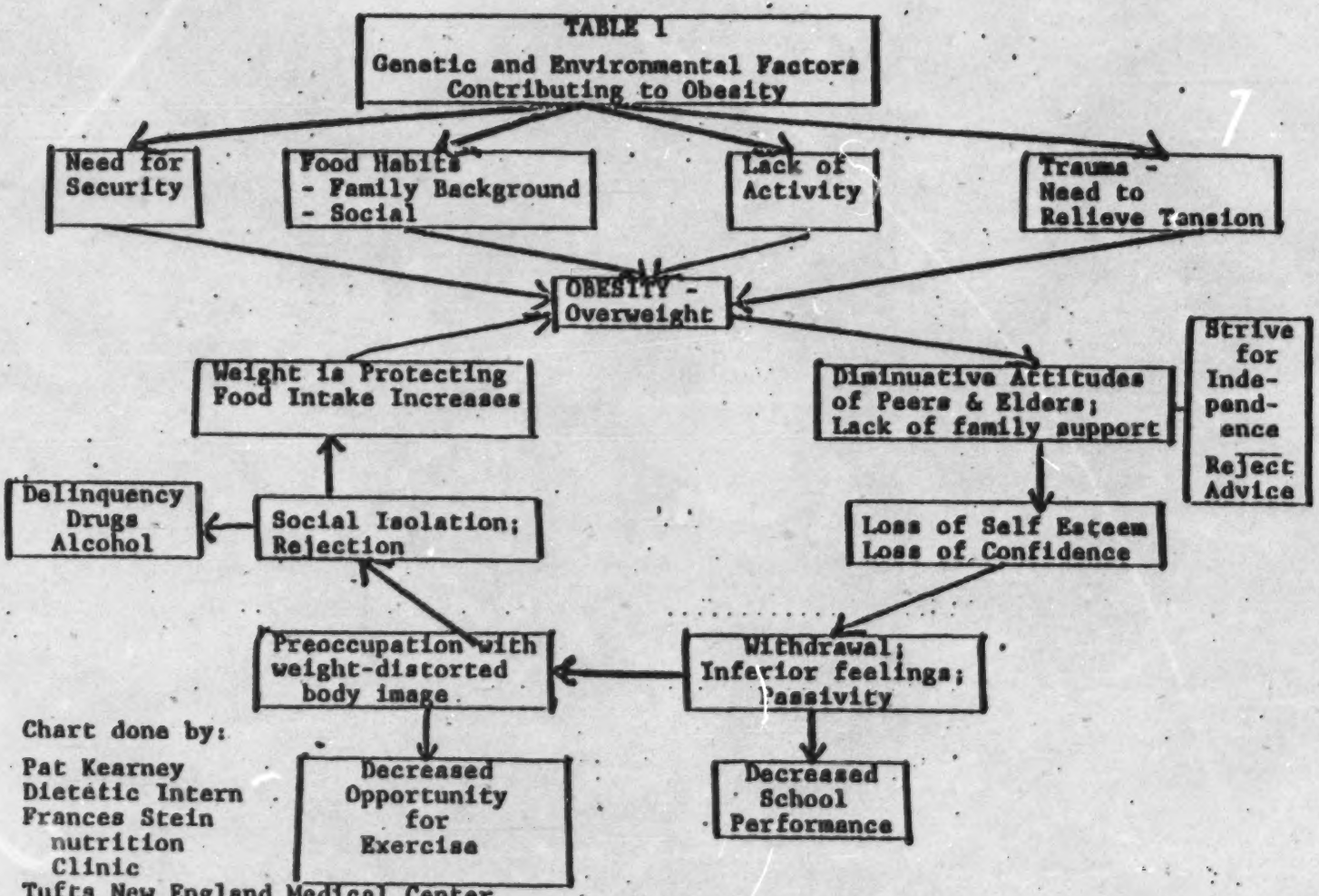
TABLE 1
Genetic and Environmental Factors Contributing to Obesity
Need for Security
Food Habits
- Family Background
- Social
Lack of Activity
Trauma - Need to Relieve Tension
OBESITY - Overweight
Weight is Protecting Food Intake Increases
Diminuative Attitudes of Peers & Elders; Lack of family support
Strive for Inde-pend-ence
Reject Advice
Delinquency Drugs Alcohol
Social Isolation; Rejection
Loss of Self Esteem Loss of Confidence
Preoccupation with weight-distorted body image
Withdrawal; Inferior feelings; Passivity
Decreased Opportunity for Exercise
Decreased School Performance

Chart done by:

Pat Kearney
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APPENDIX I Background Information on The School Lunch Program, School Breakfast Program, Special Food Service Program, Milk Program, and Commodity Food Program.[1]

Nutrition Services -- In planning the nutritional components for school-age programs, each program must develop a plan that complements and supplements the child's diet at home and in school. When possible, nutritionists, physicians, or health practitioners should be consulted in developing these plans. Nutritional programs must consider the services available from the School Lunch Program, the School Breakfast Program, the Special Food Service Program for Children, and the Special Milk Program. Surplus or commodity foods are available to the programs that apply to the Department of Agriculture. The nutritional component of some programs for school-age children will include breakfast and afternoon snack; in other programs the nutritional service will provide breakfast and lunch, and in others the nutritional service will provide lunch and afternoon snack. Program operators should be encouraged to research the availability of funds through such programs. They must also realize the importance of good nutrition and balanced diets, given the incidence of obesity in school-age children:

School Lunch Program -- The National School Lunch Program became permanent in 1946 with the passage of the

[1]This information was prepared by Ruth Palombo, R.D., M.S., Assistant Director for Patient Services, Frances Stern Nutrition Clinic, New England Medical Center Hospital, Boston, Massachusetts, November, 1976.

National School Lunch Act. In Massachusetts, in 1948 it became a permanent bureau of the Department of Education with the enactment of Chapter 548, the Special School Lunch Act.

Lunch at school has become firmly established as part of the educational process. Its benefits are both immediate and far-reaching. The lunch program helps to build strong bodies and alert minds for today and teaches good food habits for the future.

The School Lunch Program is a cooperative effort of the federal, state, and local governments. At the federal level, it is administered by the United States Department of Agriculture, Food and Nutrition Service. At the state level, it is the responsibility of the State Department of Education through the Bureau of Nutrition Education and School Food Services. Federal and state funds are used to reimburse the schools for part of the cost of the food. These funds can also be used in many instances to reimburse programs for snacks.

The lunch program must be available in all public schools in Massachusetts. Local and regional school committees agree to:

-Operate the lunch program on a non-profit basis for all children regardless of race, color, or national origin;

-Provide lunches free or at a reduced price to children who are unable to pay the full price. (In Massachusetts last year, 34 million free lunches and 2 million reduced price lunches were served to children.) The anonymity of children receiving free or reduced price lunches must be protected. Most schools sell tickets for lunches with codes for full price, reduced price and free lunches.

-Serve nutritious lunches that meet the requirement for Type A lunches as established by the Secretary of Agriculture.

The Type A lunch is designed to meet at least one-third of the daily dietary allowances recommended by the National Research Council for ten to twelve year-old boys and girls. The Type A pattern includes as a minimum:

1. One-half pint of milk as a beverage - can be whole, skim or flavored milk.

2. Two ounces (edible portion as served) of lean meat, poultry, or fish; or two ounces of cheese; or one egg; or one-half cup of cooked dry beans or peas; or four tablespoons of peanut butter; or an equivalent quantity of any combination of the above listed foods. To be counted in meeting this requirement, these foods must be served in a main dish, or in a main dish and one other item.

3. A three-fourths cup serving consisting of two or more vegetables or fruits, or both. Full-strength vegetable or fruit juice may be counted to meet not more than one-fourth cup of this requirement.

4. One slice of whole-grain or enriched bread; or a serving of cornbread, biscuits, rolls, muffins, etc., made of whole-grain or enriched meal or flour.

Full-price lunches usually cost between 25 and 45 cents. The government gives a cash reimbursement of 19 cents to the school for every full price Type A lunch. The school also gets donated foods which help to reduce the price of the lunch.

School Breakfast Program -- The School Breakfast Program is a lot like the National School Lunch Program. Participating schools serve a nutritious breakfast every school day. Pupils can buy this breakfast at a reasonable price. If children do not have the money for breakfast, the school must give them breakfast free or at a reduced price.

In 1976, an amendment to the National School Lunch

Program - Child Nutrition Act expanded the school breakfast program by making it a permanent federal program eligible to receive yearly federal appropriations and commodities.

The School Breakfast Program is available to all public and private non-profit schools that want to participate and make application. To be in the program a school must agree that any money obtained from running the breakfast program be used for the program. Schools must serve the pupils nutritious breakfasts according to the requirements of the U.S. Department of Agriculture. In Massachusetts any public school with 50 percent or more needy children must have a breakfast program.

School breakfasts and planned to give children a good start toward their daily food needs. They must include a half pint of milk (whole, skim or flavored), a half cup of fruit or vegetable juice or fruit, and one serving of bread, biscuits or muffins or 3/4 cup (or one ounce) of cereal. The Department of Agriculture urges schools to include such protein-rich foods as egg, meat, fish, poultry, cheese, and peanut butter whenever it is possible. Other foods may be served with breakfasts as desired.

The breakfast program is not intended to be an all-free program. Those who can pay for their breakfasts are expected to pay. By law, any child from a family with an income below the national poverty guidelines must be offered a breakfast, either free or at a reduced price in schools taking part in the School Breakfast Program. Participating schools must publicly announce the standards they will use to determine

eligibility for free or reduced price meals. Full price breakfast is 25 to 35 cents; reduced price breakfasts are 10 cents.

If their school is in the School Breakfast Program, all children can take part in the breakfast program. Schools in the program cannot deny breakfast to any child because of his race, color, or national origin. When breakfast is served, no child may be made to sit away from the others, or be served in a different line or at a different time, because of his race, color, or national origin. A school must offer the same kind of breakfast to all children.

The Special Food Service Program for Children is a program authorized by a 1968 amendment to the National School Lunch Act. It is a concentrated effort to assist in improving the nutritional status of both pre-school and school age children. Its stated goal is "to safeguard the health and well-being of the Nation's children."

The Special Food Serivce Program for Children is a cooperative effort by the federal, state, and local authorities. At the federal level, it is administered by the United States Department of Agriculture's Food and Nutrition Services. In Massachusetts, it is the responsibility of the State Department of Education through the Bureau of Nutrition Education and School Food Service Program for Children. Participating agencies enter into agreements with the State Department of Education.

Federal funds are used to reimburse participating

agencies for part of the food they purchase.

All public and non-profit private institutions such as day care centers, settlement houses, and recreation centers that provide day care for children from low income areas, or from areas with many working mothers, may apply for participation in the program. Summer day camps and similar recreational programs may also apply. In-residence institutions are not eligible. In order to be eligible, agencies must agree to:

1. Operate a non-profit food service for all children regardless of race, color, or national origin.
2. Serve meals which meet minimum requirements as established by the Secretary of Agriculture.
3. Supply free or reduced price meals to children unable to pay the full price, without identifying or otherwise discriminating against such children.
4. Comply with the rules and regulations established by the State Board of Education.

One, all, or any combination of the following meals may be served. Minimum portions of basic food groups, according to ages of children, must be served.

Breakfast - Milk, fruit or juice, and a serving of enriched bread or the equivalent of a cereal.

Lunch or Supper - Milk, meat or other protein-rich food, two or more vegetables or fruits, a serving of enriched bread or the equivalent and a serving of butter or margarine.

Supplemental Food - Milk, fruit, or vegetable juice, and a serving of enriched bread or the equivalent between meals.

Special Milk Program -- The primary aim of the Special Milk Program is to create good milk-drinking habits among children and to improve their nutritional well-being.

Increased consumption of milk is encouraged by reducing the price that children must pay, or serving it free to those unable to pay.

The Special Milk Program is a cooperative effort by the federal, state, and local authorities. At the federal level, it is administered by the United States Department of Agriculture's Food and Nutrition Service. In Massachusetts, it is the responsibility of the State Department of Education through the Bureau of Nutrition Education and School Food Services.

Cash reimbursements are made to school and child-care institutions so that a milk service can be started or the current service can be expanded by offering milk at reduced prices.

All public and nonprofit private schools of high school grade and under are eligible to take part. A wide variety of nonprofit child care institutions are also eligible to take part in the Special Milk Program. Some are nonprofit institutions that serve preschool children or children who are unable to attend regular schools. Others are institutions, such as neighborhood houses or summer camps, which serve children of school age when schools are not in session.

All schools and child-care institutions taking part must agree to operate the program for all children without regard to race, color or national origin.

APPENDIX J Health Problems of School-Age Children*

In order to be aware of the school-age child's overall needs, day care providers must be aware of the range and types of health problems which may be present or to which school-age children may be susceptible. School-age children may have "unresolved problems" such as: developmental delay; congenital delay; congenital abnormalities; orthopedic problems; neurologic impairment, and mental retardation.

Categorically, other major types of health problems which may exist or occur include: vision and hearing problems; dental problems; throat and ear infections; stomach and intestinal disorders; upper respiratory and respiratory problems and infections (e.g., allergies, asthma, colds, pneumonia); skin problems; emotional problems; obesity; and injuries.

Health care for each child should include periodic screening and, when necessary, diagnosis and treatment. The school-age child's physical, mental, social, and emotional development must be considered. Only with a complete understanding of the child's needs, abilities, problems and coping patterns can day care programs be designed to promote each child's optimal growth and development.

* Information obtained through personal conversations with Dr. Gerald Hass, M.D., Medical Director of South End Community Health Center, Boston, Mass. Also referred to Your Child From One to Twelve, Rye, N.Y. Health Care Publications, 1973, pp. 69-86.

APPENDIX K

SHADY HILL SCHOOL

178 COOLIDGE HILL
CAMBRIDGE, MA 02138
(617) 868-1260

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HEALTH INFORMATION SHEET

19 —19

NAME OF CHILD _____

NAME OF MOTHER _____

NAME OF FATHER _____

FOR PEDIATRICIAN TO COMPLETE

Please Circle

1 HAS THIS STUDENT HAD A COMPLETE HEALTH ASSESSMENT THIS YEAR INCLUDING MEDICAL HISTORY, PHYSICAL EXAMINATION, BLOOD PRESSURE, URINALYSIS, T.B. TEST, VISION AND HEARING AND BLOOD TESTS IF APPROPRIATE? YES NO

HEIGHT_____ WEIGHT_____ DATE OF BIRTH_____

2 IS THIS STUDENT ABLE TO PARTICIPATE IN ALL PHYSICAL EDUCATION ACTIVITIES WITHOUT LIMITATIONS? YES NO

3 HAS THIS STUDENT RECEIVED ALL IMMUNIZATIONS APPROPRIATE TO HIS OR HER AGE? (LAST TETANUS BOOSTER_____) YES NO

4 DOES THIS STUDENT HAVE SIGNIFICANT HEALTH, EMOTIONAL OR DEVELOPMENTAL PROBLEMS THAT THE SCHOOL SHOULD KNOW ABOUT? YES NO
IF YES, PLEASE INDICATE:

5 ARE THERE ANY SPECIAL ALLERGIES? MEDICATION? YES NO
IF YES, PLEASE INDICATE:

IF THERE ARE PROBLEMS THAT CAN BEST BE DISCUSSED BY TELEPHONE, PLEASE INDICATE: YES NO

SIGNED: _____, M.D.

DATE:

NOTE TO THE READER:

The interpretations and conclusions expressed in this paper are the author's and are not intended to represent the position or policy of the Department of Health, Education and Welfare.

It is being distributed to solicit comments and criticisms to assure technical soundness, the adequacy of supporting materials, relevance, and general comprehensibility. It is hoped that this paper and its review will contribute to the improvement of the public debate on social policy and the proper Federal role in regulating child day care.

Comments may be addressed to:

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